THE

Chicago Medical Journal.

A MONTHLY RECORD OF

Medicine, Surgery, and the Collateral Sciences.

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VOL. XXVIII. — JANUARY, 1871. — No. 1.

Original Communications.

ARTICLE I. — *Cavernous Tumor of the Orbit, Complicated with a large Sanguineous Cyst. Successful Removal without injury to the Globe or the Optic Nerve.* By E. L. HOLMES, M.D., Professor Ophthalmology in Rush Medical College; Surgeon to the Chicago Charitable Eye and Ear Infirmary.

Firm and well defined tumors, having an internal structure almost identical with that of the cavernous portion of the penis, are quite rarely found in any portion of the body. But five cases, I think, of such tumors in the orbit are on record.

The following case must be considered as remarkable for its great rarity and for its singular complication with a large sanguineous cyst.

Mrs. B., æt. 48, mother of five children, consulted me in June last with the following objective symptoms. The left eye—the right being perfectly normal—protruded from the orbit to such an extent that on opening the lids widely, the patient was unable to close them without manual assistance. The cornea, normal in appearance, was turned extensively inward and slightly downward. The pupil was moderately dilated and immovable; the

conjunctiva but little congested and not œdematous; the upper lid much distended; the lower one somewhat thickened. There was scarcely any motion of the globe.

At the outer and upper portion of the orbit there was a large tumor projecting between the globe and orbital wall. This tumor, from its position, and great movability, could be recognized almost certainly as the lachrymal gland, pushed forward by some growth behind.

The ophthalmoscope revealed numerous radiating lines in the lens, which materially impaired vision and rendered a view of the fundus indistinct. The enormous exophthalmos had slowly developed during the past year and a half.

The patient had never suffered actual pain, although there was a disagreeable sense of distention and weight.

The cause of the disease was absolutely unknown. There was no hereditary tendency to cancerous disease. The patient's general health had been excellent, until she had been informed some months since, by a physician, that the disease was cancerous. This had depressed her spirits, broken her rest, and destroyed in a great measure her appetite.

She was consequently in an enfeebled condition on coming under my care.

The diagnosis was doubtful. In consultation with Prof. M. Gunn, M.D., and W. C. Hunt, M.D., to whom I am greatly indebted for advice and assistance, it was decided to make an incision over the tumor and examine the microscopic structure of the tissue beneath.

On making the incision between the lid and globe at the upper and outer portion of the orbit, the lachrymal gland at once protruded almost entirely through the wound in the conjunctiva. The gland was extirpated to facilitate further steps. On passing the finger less than half an inch through the wound thus made, I discovered a well defined and quite hard tumor nearly filling the outer half of the orbit in front, and extending to an unknown distance posteriorly. Dr. Hunt made a microscopical examination of the tissue around this tumor, but discovered no cells of a malignant character. I therefore made an incision into the tumor, when, at least two and a half drachms of bloody fluid escaped. By means of a pair of forceps and the handle of the scalpel the entire cyst, although totally collapsed, was readily removed.

On again passing the finger into the wound I discovered another tumor situated quite deep at the lower and outer portion of the orbit. During and after the removal of the cyst the optic nerve could be felt with the tip of the finger for a distance of at least half an inch.

The tumor was removed from its deep position with the greatest facility without dissection, almost as if it had been a loose foreign body in the orbit. The globe receded at once to its natural position.

It must certainly be regarded as remarkable, not only that during the whole operation a very small quantity of blood was lost, but that the tumor seemed to have scarcely any attachment with the adjoining tissues.

Neither the optic nerve nor muscles were injured during the operation.

At the end of two weeks the wound had nearly healed; the motions of the lids and globe, although the orbicularis and recti muscles had been enormously stretched, had become quite natural. I subsequently heard that the motions of the eye were almost absolutely normal.

The tumor was one and a quarter inches long, two-thirds of an inch wide, and three-eighths of an inch thick, resembling in form and hardness a testis. It was surrounded with a very thin capsule. On making a small incision into it, I found it divided into minute cavities, filled with blood and separated by very thin walls. The connections between these spaces were not free, since pressure of the tumor forced the blood from the divided cavities alone. Deeper incisions and pressure caused more blood to escape.

The microscopic appearances, as examined by Dr. Hunt, were almost identical with those of the corpus cavernosum of the penis, although there seemed to be no true veins, arteries, nor nerves. The inclosing membrane or capsule, although thin, was very richly supplied with vessels; there was difficulty in following the entrance of these vessels into the tumor. No portion of the tumor, showing connection with the cyst, could be discovered.

ARTICLE II. — *Chronic Pemphigus, (Pompholix diutinus of Willan and Bateman.)* By WALTER HAY, M.D., Chicago.

The subjoined analysis of a case of this disease is presented to the readers of the JOURNAL not only on account of its extreme rarity in this locality, but also, and more particularly, to illustrate the peculiar relations of the nervous system to cutaneous eruptions.

M. A. G——, a young girl aged about fifteen years; the second of six children, the four younger of whom have always enjoyed perfect health, born of healthy parents, both living, had suffered since early childhood, together with her older brother, from occasional attacks of cutaneous eruptions said to have resulted from the inoculation of spurious (?) vaccine, the same having been taken from a child having an eruption upon its scalp. The four younger children were not vaccinated from this source.

A long period of immunity from these attacks, characterized by the enjoyment of perfect health, was marked by no incident until the appearance of the catamenia in May last (1870) and their regular reappearance but once.

In August, (1870), her general health having been somewhat impaired since the interruption of the catamenia, bullæ appeared upon various portions of the cutaneous surface (face, trunk and extremities), and have continued to reappear up to the present time.

The bullæ are now apparent upon the cutaneous surface generally, but especially in the groins, upon the knees and in the popliteal spaces, where there are large patches denuded of epidermis and quite raw, preventing complete extension of the thighs and legs, embarrassing their movements, and causing flexion of the knees and hips, which, simulating contraction of the flexor tendons, interferes materially with locomotion.

There is great muscular debility, with some œdema about the face, neck and lower extremities, and pallor of the skin, lips and tongue, the latter having its surface smooth and its edges indented by the teeth. The pulse is small, sharp and wiry, though by no means accelerated, cardiac and respiratory functions feeble, but otherwise normal, alvine and renal evacuations said to be

normal. Conjunctivæ pale, pupils widely dilated, responding to the influence of light regularly and uniformly but slowly. The urine (sanguinis) passed early in the morning contains much albumen. The total amount of urine secreted between 12 o'clock, noon, of one day until the same hour the next (the bladder having been previously emptied of its contents) was twenty-two and a half (22½) fluid ounces, having the specific gravity 1024, at the temperature of 60° (Fah.) and presented under the microscope (350 diameters) no deposit but epithelium and a few amorphous urates. The whole amount having been allowed to stand in a covered glass funnel, for fourteen hours, in a cool place, the specimen for examination being taken from the lower stratum in the neck of the funnel.

To analyze the case by a consideration of the morbid phenomena in the order of their objective prominence, we will take first the cutaneous eruption which presents all the evidences of destruction of epidermis with its exfoliation, occasioned by profuse serous effusion, resulting from acute inflammation, not confined to the vessels of the cutaneous glandular system, but including large tracts of the subcutaneous layer, involving the antecedent of obstructed circulation by capillary spasm. To corroborate this is the additional fact of the general pallor of surface, and next the condition of the pulse, as if to demonstrate the participation of the whole arterial system in this condition of spasm, increased arterial action, or, to go still farther back in the chain of physiological relations, exalted vaso-motor irritability.

Again, the dilatation of the pupil furnishes a reliable index of the degree (relative) of this irritability, and moreover assists in localizing it in the ganglionic nervous system. (*Pourfour du Petit*, *Arneman*, *Dupuy*, *Jno. Reid*, *Campbell*, *Excito Secretory System*, page 80.)

That the cerebro-spinal system is primarily exempted from the operation of the morbid influence, there is the negative evidence of freedom from perturbation of intellection, special sensation, general sensation and motion, (except as obstructed mechanically by the œdema), and by the continuity of the morbid conditions. All the evidence in the case thus far considered points in one direction, *i. e.*, to visceral congestion, and the next step must be the determination of the viscus or viscera involved primarily or

secondarily, and from these to select the original offender. The comparative absence of physical signs of disease from most of the viscera, justifies their exclusion from any other than a secondary relation to the case, and the field of observation assuming more limited proportions, comprises only the urinary and reproductive organs. Of these, the first present an apparently wide departure from their normal status and functional energy, suggesting serious, indeed irreparable, structural lesion. The urine is highly albuminous, but at the same time accurate measurement demonstrates the fact that but twenty-two and a half ounces are secreted in twenty-four hours; now while the high specific gravity 1024, considered alone, would indicate an increase in the waste of tissue-forming solids of nearly fifty per cent., assuming Becquerel's standard of specific gravity of urine of women, 1015 to 1017, to be correct; yet the diminution in quantity, as compared with the standard of the same author (forty-seven ounces), being rather more than fifty per cent., the waste indicated by high specific gravity is corrected by diminished quantity. The aggregate waste, deduced according to Christison's formula, being 541·15 grains. The average excretion of solid matters by the kidneys in twenty-four hours is assumed by Golding Bird to be 650 grains, by comparison with which, the waste of solids by the kidneys in the case under consideration appears to be twenty per cent. less than it should be in health. Moreover, this waste consists principally of albumen, matter not yet having undergone oxydation. Now, a careful scrutiny of the sedimentary matters with the microscope fails to detect any tube casts or other renal debris, evidences of serious structural lesion, which, considered in connection with the last mentioned fact, not only forbids the localization of the primary lesion in the kidneys, but removes it to some point corresponding to a much earlier phase of the ascending metamorphosis of the blood.

Now, an essential lesion demonstrated in this investigation is diminished oxydation, and the analysis of the symptoms previously considered gave, as its result, spasm of the capillaries from exalted vaso-motor irritability, do not these two conditions stand correlated as cause and effect?

Exclusion has thus left but one organism to be examined, the reproductive system, and at this point, the collateral testimony,

supplied in the history of the case may be applied, in which will be furnished the last link in the chain of evidence to establish the suspended catamenia as the ultimate efficient cause of the cutaneous eruption. Reasoning from analogy, and recognizing frequently the influence of a similar cause in the production of neuralgia or convulsion, and their opposite conditions, anæsthesia or paralysis, by reflex action through the spinal cord according as one or another portion of that center may be awakened to morbid activity or oppressed in functional energy by eccentric irritation of its appropriate conductors, the conclusion is logical that continued irritation of the vaso-motor fibres of the ganglionic system should induce modifications in the nutrition of distant parts by reflex action propagated through the ganglia of this system probably located in the posterior columns of the cord itself.

With regard to the probability of syphilitic infection, it must be acknowledged to rest upon very slender basis. In the first place, pemphigus presents none of the specific features of syphilitic eruption, its fancied resemblance to congenital syphilis being obscure; the coppery tint usually recognized as almost pathognomonic of the latter is altogether absent in this case. Secondly, its pathological phenomena occur in the inverse order as compared with those of syphilis, which, after the lapse of so long a time from the supposed infection, would have manifested themselves by much more essential modifications of plastic force, than in simple exfoliations of the cuticle, the cutaneous glandular apparatus constituting its first channel of exit from the economy. Thirdly, the relations of cause and effect between the inoculation of the virus and the eruption is not satisfactorily determined. For while it may be possible to inoculate the system with syphilis from a secondary pustule, it is utterly impossible to accomplish that result with vaccine. All so-called examples of spurious (?) vaccination should be subjected to much more rigid criticism than they have yet received. Fourthly, there is good ground for suspicion that the first appearance of the eruption was prior to the vaccination. All these data, in addition to the absence of syphilitic cachexia, are incompatible with the theory of syphilitic taint.

Moreover, the relation of pemphigus to syphilis has not been generally recognized by systematic writers. Wilson ignores it

entirely, and suggests, as the cause of the eruption, intestinal (more especially uterine) irritation. Rayer, (quoted by the same author) attributes it, in one case, to suppressed hæmoptysis; and Duchesne Duparc (by the same), in a case of five years' duration associates it with arrested menstruation. Cazenave and Schedel, in their edition of 1847, coincide with Paul Dubois in regarding the pemphigus of newborn children as a "rare and serious form of *congenital syphilis:*" but in a subsequent edition (1852) speak of it as having "often been mistaken for a syphilitic affection." Nelligan is silent on this point, and vague and unsatisfactory generally. All the authorities, above referred to, agree in associating this malady in all its forms, whatever may be its exciting cause, with a debilitated state of the system at large, with poor and scanty food, over-exertion, low, damp dwellings, etc., as predisposing causes. And further, all of them indicate, vaguely and indefinitely, its *sympathetic* relations with various intestinal irritations, which they make no attempt to demonstrate or explain. By none is the relation of the nervous system to the disease even hinted at farther than may be comprehended under the word *sympathetic.*

ARTICLE III.—*Cook County Hospital Clinic.* Reported by C. T. FENN, M.D.

Oct. 11. Pathological. Prof. Johnson presented a case of paralysis of the vaso-motor nerves of the left side—a feature rarely seen. An elderly man, he was taken suddenly, after a debauch, with partial paralysis of sensation and motion of the left side. There was no alteration in size. He gradually recovered both sensation and motion, but with the retention of other strange symptoms. Sensation is now slightly exalted; the left eye is inflamed; there is a sensible increase of temperature, and the whole left side is œdematous. Paralysis of the vaso-motor nerves of the sympathetic system is the only thing which could cause this change in appearance. The vessels transmit more blood; hence the increased heat, œdema, and finally hypertrophy.

Oct. 18. Surgical. Prof. Powell. 1. Case of injury, admitted the

day before; trepanned soon after admission. He had fallen from a building, fifty feet, to the ground, striking on the right side of his head. He was comatose, and presented all the symptoms of compression. This is the third case of the kind within six weeks. The breathing, surface, pulse, and facial expression carefully observed. The only mark here is a superficial abrasion and a black eye. Coma and a black eye are, together, very grave symptoms. Nearly all the symptoms as laid down are sometimes absent. They are not so distinctly drawn between concussion and compression as the books show. Concussion recovers in a few hours; compression is more durable. There was dilatation of the pupil yesterday; there is a little to-day. He groans when his lame wrist is handled; pulse 82; respiration, not at all stertorous, is regular. He has spoken to-day. The danger is of inflammation. If he dies we shall find pus in the cavity of the arachnoid membrane. Use no perturbating treatment; no cathartic; no sedative. Treat symptoms as they occur; see to the urine; administer an enema, if necessary, every second day. Give a pint of beef tea every twenty-four hours. Trepanning is a grave operation; the injury is grave; but do not be deterred from using the trephine, especially if the injury is about the front of the head, and coma grows worse. Apply the trephine over bone of uniform thickness; don't wound the membrane.

2. Case of bursa on the wrist of a young girl. Ruptured by manipulation while an attendant was producing a tenotomy knife for subcutaneous puncture. Dressed with compress.

3. Case. Extensive circular sores at the knee. A woman aged thirty-nine, twice married, fell on the ice last winter, injuring her leg. The peculiarity of these sores is that they are circular, healing in one direction while they spread in another, and there are several. It is lupus exedens, and probably syphilitic. Best dressing—creosote ointment. Administer of iodide or bromide of potassium as much as she can bear.

4. Cases of venereal disease. These affections are not treated in the Hospital, but happening to get in from other causes, are reserved for exhibition. The three poisons of venereal disease are, 1, gonorrhœa; 2, chancroid, or local contagious ulcer; and 3, chancre. The first is local. The second is also local. The third is evidence that the system is infected. If you take any poison,

as woorara or opium, even, and introduce within the skin, it is immediately felt. It is absolutely certain that the poison of syphilis is immediately absorbed. A chancre is proof of it. You will cauterize it to no purpose. Case before us. Let us make a diagnosis. Chancroid is a local disease. There may be an ulcer, it may be sloughing or persistent; there may be a bubo. The distinction between syphilis and chancroidal disease is very difficult. One of the principal points to be determined is the time from exposure to the development. Chancre has a certain period of incubation, two weeks. In chancroid there is no such period. It sometimes appears almost immediately, certainly within two or three days. Chancroid looks like a clear punch in the mucous membrane. If in the integument it is at first a pimple, then a follicle, then a papule, then a pustule, then a deep ulcer. The local ulcer is more terrible to look at, followed, nearly always, by suppurating glands in the groin. The local ulcer will inoculate; chancre will not. In chancre the enlargement of the gland is hard like a pebble beneath the skin; rarely suppurates. Be guarded, but if you see a suppurating bubo, you may be pretty sure it is the local ulcer. In chancre the patient is almost certain to have constitutional symptoms in from three weeks to six months. He will have all the symptoms of febrile action. If you examine the head you will find patches; the throat will be dusky and red. You may from this have developed any one of the skin diseases. There is most apt to be developed, in the throat and about the inner surface of the lips, mucous patches. He is apt to have falling of the hair, pain in the bones, and ever thereafter be subject to a repetition of all the forms. Don't give mercury till you know you have syphilis to treat; for, by giving it you may produce all the symptoms you wish to alleviate. The one produces all the symptoms of the other. Mercury is a dangerous remedy in some hands. It is dangerous to give it in persons run down by any disease. This is a case of syphilis, for the sores are not irregular, not large, only two or three of them. The groin has a solid gland, not large.

Case. To show the development of some constitutional symptoms certain forms of skin disease come later than others. Syphilitic rupia may appear very late, three years. It is an exceed-

ingly destructive disease. This case looks like syphilitic rupia. He had a chancre eighteen days after exposure.

Case. Vegetations not venereal, result of a long prepuce. (Laughter, directed toward the side on which the ladies sat.) Direct the patient to be cleanly, and if he is not so, he is to be circumcised.

Case. Bony or sub-periosteal tumors following rupia. Give these cases preparations of iron and warm flannel. Do not give the alkalies, for they impoverish the blood.

Case. Syphilitic psoriasis; also, white patches. Treatment: Protiodide of Mercury, gr. iv; Iodide of Potassium, ʒ iv; Water, f ʒ viij. M. S. Give a teaspoonful three times daily. This will cure in six to eight weeks.

Case. Gonorrhœa, resulting in orchitis. Don't give injections, and don't be over anxious about checking these discharges, for you will be apt to get orchitis. It may lay the patient up. Treatment: Opium, to relieve pain. Open the bowels. Lotions to reduce the inflammation. In this case we will try penciling the surface of the scrotum with a solution of Nitrate of Silver, two scruples to the ounce, till the skin is vessicated. Our practice has been to strap these cases; but we will see how the new method works.

Case. Balanitic form of long prepuce getting well. He will have to be circumcised. These patients are all to be discharged. We cannot keep them here.

At the close of the hour the students were taken to the dead-house and instructed in the art of post mortem examination of the brain. Use the saw as you would trepan, being careful not to cut through the membrane. Familiarity with post mortem examinations is of use in giving one correct knowledge of the use of instruments. Perform as often as you can. Steps: 1. Part the hair over the top of the head from ear to ear. 2. Make an incision in the same line. 3. Invert both flaps of the scalp by pulling them from the scull. 4. Cut across the temporal muscles with a knife. 5. Start the saw all around the cranium. 6. Try with a chisel to see if it is through; you may break the inner table. You may use a hook. If the calvarium does not come off readily, know it is not quite through all around. Look at the inner surface of the calvarium; then the dura mater. Divide the dura mater with scissors

on a line corresponding with the division of the skull—turn it back; examine the surface of the brain. There may be a post mortem congestion. Remove the brain. Replace the parts in the order of their removal. A strong suture should be taken through the divided temporal muscles, for the purpose of holding the skull-cap firmly in place. If the brain should not be replaced no deformity can be seen when the operation is complete.

Medical. Ross. Case. Typhoid fever. Diarhœa began in the middle of the second week. Shows great prostration by the position assumed in bed, and indisposition to move. No delirium; tongue glazed, dry and crackling. Characteristic spots present. A pulse that is permanently 110; is a bad case. We do not always get a frequent pulse in typhoid, but we invariably get increased temperature, as indicated by the thermometer. Give a pint of good beef tea, made from a pound of beef, and two pints of milk every twenty-four hours. Keep plenty of air, and the temperature of the room at 60°. Cover the patient with blankets. If the meteorism is great, besides turpentine emulsion, we may use stupes. If it should be very great, we may give turpentine by enema. Morphine to secure rest.

ARTICLE IV. — *Hydrate Chloral.* By S. W. GOULD, M.D., Argos, Ind.

As a number of physicians have been giving their experience in the use of Hydrate Chloral, I will briefly give you mine. When the article was first introduced to the profession, I was afraid to administer it in larger doses than 10 grains to 15 grains, and as a consequence no visible effects were produced. I was disposed to pronounce it a *humbug*, and return to opium and its preparations to produce sleep and relieve pain. Soon after I was attacked with a very severe headache, for which I concluded to try the effects of the Hydrate Chloral in larger doses than I had been giving my patients. I dissolved 40 grains in a little water—adding a few drops of essence of peppermint to destroy the unpleasant taste—and swallowed it. In a few minutes the pain

was greatly relieved, though not entirely, and I felt as happy as a king at his coronation. In the course of an hour the pain returned with all its former severity. I weighed out 60 grains and took it. In less than five minutes I was in the land of Morpheus (or *hydrachloralus*), and the four hours which followed are a perfect blank in my existence. When I awakened the pain was gone, and did not return, nor were there any unpleasant results.

On the evening of the 2nd inst. my wife was attacked with tic doloureux (to which she is subject), and the pain was more intense than ever before. Opium, or any of its preparations, cannot be taken by her without the most distressing results. Nausea or vomiting will continue for twenty-four or forty-eight hours after taking even the one-eighth of a grain of morphia. I have given it to her by hypodermic injection, but the result was the same, of course. In this instance I concluded to try the Hydrate Chloral, my confidence in the agent being greatly strengthened by its effects on myself. About 7 o'clock I administered to her 40 grains. In less than ten minutes she was in a profound sleep, the breathing being more easy and quiet than in natural sleep. She lay in this easy condition for about two hours, when I aroused her for the purpose of getting her to her room. The pain returned and she went to her room screaming. I repeated the dose of 40 grains, which was followed, in five or ten minutes, by sound sleep, which continued till sunrise the following morning. The pain was gone—nothing remaining to remind her of the severe attack of the evening before but the soreness which usually succeeds an attack of this kind. Since then I have used the remedy in a half dozen similar cases, and with the happiest results. I now have almost unlimited confidence in the agent, and attribute my former failures to the small quantity given. I have talked with several physicians about the preparation, and more than half of them deny that it has any hypnotic property. Upon investigation, however, I ascertained that their failure to obtain its effects depended either on a deteriorated article, or too small doses. (Many druggists know nothing about keeping it.) As some are much more easily impressed than others, the physician should begin with the minimum dose, and increase until its effects are produced.

ARTICLE V. — *Trismus Nascentium.* By THEO. W. STULL, M. D., Marengo, Ill.

In reporting the following case, it is not with the fullest confidence that the recovery is attributable to the remedies used, and yet I am so fully persuaded of the efficiency of the particular remedies on which I finally relied, that I should most certainly resort to a like treatment in a similar case.

On the 8th of March last I was called to see a child of Mr. J. L., which he said was nine days old, and seemed to have a sore mouth, as it cried and would not nurse. I found a good reason for its not nursing in the closed jaws, and muscular rigidity.

Upon examination I found an erysipelatous blush extending an inch or an inch and a half around the umbilicus, from which a little unhealthy pus was oozing. The prescription was, Pot. Bromide, gr. iss, F. E. Aconite, gtt. ss, in solution, every two hours, and also the application of Carbolic Oil to the umbilicus, with continual fomentation. To be fed the breast milk with a spoon, though it swallowed with difficulty. Under this treatment the jaws relaxed considerably, and yet not being quite satisfactory, various other remedies were resorted to and abandoned, all now superceded by the original prescription, which was now persevered in to a somewhat tardy convalescence. An occasional warm bath was added to the original treatment in place of the fomentation.

I remark that these were usually cleanly people, though in poor circumstances. And various as the theories are as to the cause of Trismus, I am fully persuaded that in this case, at least, the cause was phlebitis of the umbilical veins.

Traveling.

The best mode of travel is on foot or on a saddle; the next best is in an open carriage, or in an old-fashioned stage coach. A sea voyage, and almost any mode of traveling by water, is, in general, useful; but it would be a serious practical joke if any one were to advise an invalid to seek for health in a railroad car.—*Medical Bulletin.*

ARTICLE VI. — *Case of Imperforate Anus, with Deformity of the Organs of Generation.* By MOSES BARRETT, M.D., Milwaukee, Wis.

Mrs. K., a German woman, was delivered on the morning of Sept 12, 1870, of a full grown child. She was attended by a woman, who discovered, on dressing the child, an unusual appearance of the genital organs, and a complete closure of the anus. I was called about six hours after the birth of the child. It was of large size, well developed, and to all appearance natural with the exception before mentioned. The abdomen was very much distended, particularly the lower part up to the umbilicus, and very hard, giving a flat sound on percussion. The attendant stated that more difficulty was experienced in delivering the body than the head. There was no appearance of any anus, or fissure along the perineum. There was a fold of the integument just below the pubis which well represented the external labia, from between which there projected a penis-like organ, about two inches in length, from the extremity of which urine was continually oozing out. There were no cavernous bodies or glans, but simply a pendulous mass of integument, oval in shape, the longest diameter being about half an inch. Along the upper part a round cord could be felt, which proved to be the urethra, terminating at the extremity, with the integument folded about after the form of a prepuce. So much did this organ resemble a penis, that the child was called a male, and baptized as such.

There was no opening between the labia, and the whole perineum was uniformly thick and unyielding. Hoping to find the distended rectum, I made an incision through the integument along the mesian line, from the point of the coccyx about one inch and a half. No signs of the rectum appearing, the dissection was carefully continued through the sphincter muscle, and along the curve of the sacrum over two inches. As neither rectum nor vagina could be discovered, the opening was enlarged so as to admit of the introduction of the little finger, which was passed up nearly the whole length, when a sac of fluid was distinctly felt. This was punctured with a bistoury and about twenty ounces of fluid passed off. At first I supposed I had punctured the bladder, but

upon examination the fluid was ascertained to be serum. The child was immediately relieved, and the tumefaction of the abdomen nearly disappeared. No further attempt was made to reach the intestine, as it was evident a fatal result must inevitably follow.

I saw the child again on the third day, found that it had taken nourishment, slept well, and urinated freely. During the first twenty-four hours after the operation serum continued to flow from the opening. I passed a common director up the passage formed, which entered the whole length without any obstruction. The child died on the morning of the third day.

Autopsy. On opening the abdomen, there were no adhesions, and no fluid was found in the cavity of the peritoneum. The stomach and small intestines were natural, and the large intestine also, except about six inches of the lower extremity, which was enlarged about twice the natural diameter. But the most singular object presented, was a bladder-like organ extending up to the umbilicus, which proved to be an enlarged *uterus*, with the fallopian tubes enlarged and sacculated—the right one of the size of a hen's egg. The bladder was situated in front, of natural size. The enlarged portion of the colon extended transversely behind the uterus. On separating the reflected peritoneum the intestine was found to terminate in a *cul-de-sac*, just as it entered the pelvis, and was firmly attached to the posterior surface of the uterus, near the lower extremity. There was no communication from the intestine to the cavity of the uterus, and the interior surface presented much the appearance of the natural rectum at the sphincter, with consecutive folds of mucous membrane and a central point or cicatrix. There seemed to be enough of intestine originally formed to reach the anus had it not been prevented from entering the pelvis by the enlarged uterus, or possibly, drawn up with that organ as it became distended with the serum.

The uterus measured over five inches in length and four and a half in breadth. There was no neck, but a small round opening at the lower part, resembling the os. I found I had punctured the organ just posterior to this point. The ovaries were found of natural size. Careful examination was made for testes, but none were found.

The case presents one of the most singular malformations on record. The abnormal development undoubtedly commenced in

the uterus very early in the period of fœtal life, and the closure of the perineum was the natural result. But what is remarkable, was the prolongation of the urethra with folds of the integument to the extent found. Nothing else had the slightest appearance of a male child.

ARTICLE VII.— *Cases in Private Practice.* By JNO. E. OWENS, M.D., Chicago.

Foreign Body in the Appendix Cæci, with Inflammation, Perforation, and Death.

Saturday, Dec. 8, 1866. A call was received to visit M. X., aet. 20, at his place of business. The message was not received for some hours. In the meantime another physician was called, who prescribed some medicine for internal use, and mustard externally. In consequence of this, I did not examine the case, but imagined it to be one of ordinary colic.

Sunday, Dec. 9. I was requested to visit the patient at his residence. He was in bed and suffering intense pain in the abdomen to the right of the median line. The patient was well nourished and had been in the enjoyment of health to the date of his present illness. On Saturday, 8th, he and one of his comrades were wrestling, but it seems that the patient did not exert himself very much. On Friday, 7th, he ate some chestnuts—not more than seven or eight. The same evening, he and some friends went out to walk, but the former soon returned, in consequence of pain in his bowels, which moved on Friday, 7th. That which passed, was scanty and hard, and its evacuation required considerable voluntary tenesmus.

The patient (Sunday, Dec. 9th) was found in the following condition: There was an irregular tumor in the right iliac region, extending about one inch to the left of the median line; its upper limit reaching a transverse line drawn two inches below the umbilicus; its breadth being about three and a half inches. The tumor, raised somewhat above the surrounding surface, offered considerable resistance to pressure, was exquisitely tender and

painful, and dull on percussion, the surroundings being somewhat tympanitic. The tongue was thickly coated, skin dry, pulse rather full and beating from 115 to 120; the bowels had not moved since Friday, 7th. There was nausea with some vomiting on Saturday, 8th. Ol. Tiglii was prescribed, of which he took about eight drops in two hours. Having remained with him to note the result of the oil, and having found that the bowels did not respond, I gave two large injections of soapsuds, castor-oil with a little salt. These came away in due time, bringing with them a few small, firm, yellowish pieces of fecal matter, containing pieces of chestnuts. When the injections were passing away, he cried, "O, if I could only strain!" I diagnosed intussusception. During this treatment the patient vomited once, but the ejecta were not of a stercoraceous character. Fomentations were applied over the bowels. This afternoon., at 4 o'clock, a consultation was held. In the meantime, there had been a greenish watery evacuation, containing mucus, and attended with considerable pain. The abdomen had grown more tympanitic. At the consultation there was an agreement as to the probable existence of intussusception of the bowel, but the diagnosis was not so positive as to justify any operative interference. The negative symptoms were, the alvine discharge, that had occurred since the last visit; the absence of stercoraceous vomiting; and the still more masked character of the case by the extending peritonitis.

Dec. 9th, 9 o'clock, P. M. He has had, from the bowels, four discharges, of the same character as the last one. The fecal smell was slight, and the operations were attended with less pain, the patient being somewhat under the influence of opium.

Dec. 10th, 8 o'clock, A. M. Patient bathed in a profuse perspiration; hands cold; feet warm; circulation, upon the surface of the body, sluggish; pulse small and feeble, beating 125; vomited some last night. The ejecta from both stomach and bowels were greenish and watery, containing considerable mucus. The substance vomited had no fecal smell; that passed per rectum had very little.

Dec. 10th, 12 o'clock, M. Tenderness more extended, suppression of urine since yesterday.

Dec. 11th. Abdomen more distended; patient passed water; urination being attended with great pain. Since yesterday, three

unsuccessful attempts have been made to apply leeches; directed that a blister 4×4 be applied to the abdomen.

Dec. 12th, A. M. Distention increased; tongue moist; pulse 114, of moderate strength; bowels moved last night; character of stool same as the previous ones, but with less mucus; vomited once this morning.

Dec. 12th, 4 P. M. Vomited about a pint of greenish fluid without fecal smell; tongue dry, abdomen very tympanitic, pulse 118.

Dec. 13th. Abdomen very tense, and exquisitely tender.

Dec. 14th. Since last date vomiting has grown more frequent; the eyes more and more sunken; the abdomen more tense; the patient more restless, tearing the flesh here and there with the finger nails; the tongue dryer. Death occurred to-day at 2 o'clock P. M.

Autopsy, seven and a half hours after death. Extensive peritonitis about the cæcum, the lower part of ascending colon, the lower coils of small intestines, accompanied with considerable agglutination. The adhesion of one or two coils of intestines to the urinary bladder accounts for the intense pain felt upon voiding this organ (bladder.) The contracting bladder produced a traction upon the inflamed peritoneum. The mucous coat in some parts of the intestines was inflamed and softened. The cavity of the abdomen contained about one and a half pints of chalky fluid. The vermiform appendix, containing pieces of chestnut, was a mass of inflammation, and was perforated in several places, so that the fluid contents of the bowels could readily escape into the abdominal cavity; a portion of the mesentery was likewise inflamed and softened.

Cæcitis with Partial Peritonitis. Recovery.

J. H., a stout and square-built Dane, æt. 21, having light hair, blue eyes, florid complexion, came under my care, Nov. 10th, 1870. Two days before, he experienced chilly sensations followed by pain in the right iliac region. The bowels had not been deranged. He remained at work the day of the attack, but in the evening, immediately after commencing to eat his supper, the pain suddenly became excruciating, and remained so for the greater part of the night. It was accompanied with nausea and vomiting.

Nov. 9th. Patient vomited considerably; pain less severe than that of the night before.

Nov. 10th. The date of the first visit, there was great tenderness in the right iliac region. A mixture of chloroform, laudanum and mucilage was ordered for internal use, and locally hop poultices. This evening the patient took three or four tablespoonsful of gruel, which caused considerable distress through the bowels. This was the first food taken since the evening of the 8th.

Nov. 11th. The bowels having been constipated since the 7th inst. moved to day; tongue somewhat furred, but moist; the face cool; pulse 103, and full; respiration easy and regular; slept but little last night; ordered Chloral Hydrate grs. xxx as a substitute for the first mixture. Hop poultices continued.

Nov. 12th. Took the first dose of Chloral Hydrate at 9 o'clock last evening, and went to sleep in a few moments and slept till 4 o'clock this morning. Pulse 84; respiration 18; tongue cleaner; skin cool; the part less tender and somewhat dull upon percussion, but there is still a faint resonance. The painful part, is a circumscribed swelling in the right iliac region. A line drawn from the middle of Poupart's ligament to the umbilicus, passes close to the center of the swelling. There was a scanty movement of the bowels this morning. The discharge was dark, but contained neither mucus nor blood, and its passage was unattended with pain. The patient has eaten a dish of soup to-day without any resulting distress. In four or five days more, the patient was very comfortable; a little soreness in the right iliac region still remained.

(To be continued.)

Sulphite of Soda in Erysipelas.

Dr. Hewson uses this salt applied on lint in a solution of ten grains to the ounce of water, and has obtained most satisfactory results. He supposes that erysipelas is due to cryptogamic or animalcular origin, and the well-known power of the sulphites in destroying such organisms accounts for its useful action in this disease. It invariably destroys all traces of the affection in forty-eight hours after the first application.—*Drug Circular.*

Selections.

Palpitation: its Diagnostic Value. By J. Milner Fothergill, M.D., Senior Resident Medical Officer of Leeds Public Dispensary.

Though the oldest known symptom of heart disorder, palpitation has never had any exact diagnostic value attached to it. It has been hitherto regarded as excited or increased action of the heart, without any reference to its causation. It may be fairly questioned whether this even is in accordance with fact. From a careful consideration of the subject for some time past, I have been led to regard it as solely diagnostic of a disturbance of the balance which exists between the blood to be driven by the heart and the power to drive it; and that, too, in the direction of cardiac inability. This impression is constantly growing stronger. The idea is founded not only on its exciting causes, but also on the known action of the remedies which enjoy the greatest reputation for efficacy in allaying it. It appears to be the first evidence of over-taxation of the heart, of which irregularity (in time, not in volume—that rather belongs to mitral regurgitation) is the next, and intermittency the most serious.* This idea may appear more or less novel, but probably less. Having been for some time past engaged in an investigation into the mode and manner of production and action of heart disorder and disease, it may not be presumptuous to offer my conclusions, and why I have formed them, to the notice of the profession.

Palpitation, then, to commence broadly, is usually associated with exertion, nervous excitement, or general exhaustion, no matter how produced. It can be no subject for doubt that many persons know palpitation only after excitement in a heart structurally sound, others after exertion in a heart structurally diseased. But in each it may be the chief burden of complaint; indeed, in the person with the sound heart it may be more severe and alarming. Though connected with such apparently different conditions, its diagnostic value is unaltered. It has been regarded as over-action: the truth seems to be, rather, that action is more apparent. The extreme of healthy action is utter unconsciousness that such action exists. The evidence of that action, then, is scarcely to be regarded as an evidence of power. Though hypertrophy and palpitation are often found together, palpitation is much more inti-

* It is the intention of the writer to issue other papers on the subject of Irregularity (i e., loss of rhythm) and Intermittency (i. e., loss of one or several beats from either absence of ventricular contraction or a contraction so feeble as to be impracticable), from time to time, as leisure will permit.

mately associated with dilatation. Hypertrophy evidences that there is some disturbing force in operation by which increased action and power on the part of the heart are called for; otherwise hypertrophy could not exist. We are unacquainted with any growth of muscular fibre which is not occasioned by increase of demand upon it. In the silently acting organic muscular fibre this is most apparent. Thus it occurs in the stomach before a pylorus narrowed by scirrhus; in the bowel in the presence of a chronic obstruction; in the bladder from prostatic change or stricture. So in the heart we have hypertrophy from the demand for it, and can no more conceive a spontaneous, uncalled-for hypertrophy of muscular fibre in the heart than anywhere else. Palpitation evidences the demand, and indicates the compensation to be still incomplete. But it is connected with the demand on the heart; not called forth by the increase of muscular power. Of old, hypertrophy was regarded as a disease, and was met by bleeding and starvation. It was regarded as an abnormal development of power, and, as such, was attacked as a disease. We now know that it is a compensatory growth; and, consequently, the more perfect the hypertrophy the less does the patient or any one else hear or know of it. So palpitation, which has been regarded as over-action, and treated accordingly, will soon be seen to be an evidence of the muscular power being taxed or wanting, and that it is connected with the want of power, not the excess of it. Palpitation is, like the pain in the distended bladder, an evidence that the muscular action is called on; but it is not that it is too strong for the work, but that it is unequal to it. In dilatation, with or without valvular disease, is palpitation most common in the structurally altered heart. It cannot, then, be an evidence of over-action, as the old theory ran; because then the palpitation should be absent on exertion and present in quietude. Now we all know that such is not the case. In this condition effort calls out palpitation, as occasioning an addition to the heart's labor. The muscles cross the arteries and impede the flow of the blood. Wardrop even called this the musculo-cardiac function, and thought it beneficial by filling the heart's chambers with blood, which it most unquestionably does. But in dilatation the essence of the disease is that the ventricles are always too full, and never completely emptied. The ventricle, no longer able to close completely in systole, is partially full to commence with on diastole, the distended auricle and veins drive in the blood under increased pressure, the fibres become over-stretched, distension results, and contraction is impaired. "Dilatation of the heart is a purely mechanical effect of over-distension." Palpitation, then, ought, on the old theory, to act as a curative agent in dilatation, and ought consistently to occur when there is no great call on the heart—that is, during quietude, when the demand is the least.

But notoriously it occurs in exertion, when the impeded flow of blood would act against this over-action. This creed is untenable, and may be left without further comment to the decision of my readers. In the structurally diseased heart effort is the common cause of palpitation. A species of balance has been struck between the power of the heart and the work to be performed; the system has lowered to meet the heart; a leveling-down process has gone on; and effort, by disturbing this balance, evokes palpitation. Palpitation evidences that the muscular fibres are making an effort to meet the demand on them; not that they are inordinately successful. It is laboriousness, not excessive power, that is indicated by palpitation. When the heart is acting excitedly, as in exertion, it is only when that exertion has been excessive that anything like palpitation is evoked. Take a "striker" (a forehammerman), for instance, after a "heat." All his muscular energy is called out to accomplish all that it is possible to do before the metal cools. Take him at the finish, with the perspiration rolling down, panting, exhausted for the moment, and you find his heart palpitating, so violent is its action from the recent strain upon it. But its effect is visible on the pulse, which is full and bounding, and in strict proportion to the action of the heart; and there it differs from palpitation. In excitement a similar violent action is seen sometimes, but the arterial pulse is again affected and reveals the excitement. But these conditions are not true palpitation. According to the old theory, palpitation ought to occur to the striker when unemployed, as the heart then could not have enough to do. Of course some readers may say, "And so it does." Certainly in time it does, as it does in any one else where violent calls on the heart are inducing structural change According to the old theory, the heart, accustomed to exertion, ought to palpitate whenever a lessened call on it left it with some spare power, which is let off harmlessly as palpitation. So also in exertion, the heart's action ought to be feebler in proportion to the obstruction offered. Whether what is consistent with the old theory is consistent with experience may be fairly questioned.

But, again, it may be said that palpitation occurs from excitement, and is nervous. But when we have eliminated the cases of Bright's disease and those so-called hysteric conditions accompanied by a contraction in the arteries and arterioles, the instances will be found to be very few, and to depend mainly on the presence of poisons, either taking their origin within the organism, as in bile-poisoning, for instance, or from the action of external agents, as nicotine. It is possible that there may exist conditions essentially nervous, where a derangement of the balance of nerve-supply to the heart, a disturbance of the balance existing between the cardiac ganglia of the sympathetic and the inhibitory action of the pneumogastric, may occasion palpitation; but of these condi-

tions we do not yet know anything clinically. Nervous palpitation is a refuge in time of trouble only too commonly. Increasing knowledge of pathological conditions, and the advance of our acquaintance with the mode of action of disordered function, are shedding much light on what have been hitherto obscure cardiac derangements. Firstly came the connection between disease of the kidneys and heart-changes. Traube attributed them to obstruction to the flow through the renal artery acting on the general systemic circulation; then came the idea of altered blood—in plain English, increased friction; and now Dr. Geo. Johnson has demonstrated a thickened muscular coat in the arterioles. The last theory supposes that the irritant action of the products of histolysis in the blood gives rise to a spasmodic action of the muscular tunic, in time leading inevitably, by the well-known law, to hypertrophy. Thus still greater obstruction is offered to the flow of blood, and the heart still more taxed. Thus when the blood is more than ordinarily laden with the products of retro grade tissue-metamorphosis, the excess irritates the arterioles, and more than usual contraction follows, and, as a consequenee, impeded flow and palpitation. The balance existing between the altered muscular tunics and the heart's walls, also altered, is disturbed and the accommodation interfered with, and the extra call for action evokes palpitation. As to the frequency of palpitation among those suffering from Bright's disease, and its occurrence along with evidence from other sources of an accumulation of retrograding material in the blood, as a question of fact, I must leave to the experience of my readers.

In hysteria and allied nervous disorders we have palpitation without evidence of any structural change. So also it occurs in persons of bilious temperaments; it follows excessive tobacco-smoking in nervous or weak persons, as it may also follow the administration of other agents which affect the heart. Whenever there is disturbance in the balance of nerve-forces it may occur. Whenever the heart is acting under disadvantageous circumstances it is never long absent. Thus palpitation follows displacement, either transient or lasting. It persists in displacement from accident or disease. It is a common concomitant of a loaded stomach or great flatulence. Indeed, it may arise from any cause which, by pressure on the diaphragm, diminishes the space for the heart and impedes its beat. This looks rather like a laborious action than over-action or spare power. The heart is placed at a disadvantage, and palpitation takes the place of normal quiet contraction.

Palpitation is intimately associated with a disturbed or altered innervation; whenever, in fact, there is a disturbance in the balance of the heart's nerve forces it may occur. In many cases of nervous palpitation—it would, perhaps, be thought premature to

say all—no increased action is felt in the arteries, great or small. Whatever nerve-derangement may induce the palpitation, there is no corresponding action in the arteries. The condition may be analogous to, and even homologous with, the disordered action of Graves' disease. In Graves' disease, and in some cases of chorea, the whole right ventricle seems violently thrown against the chest-walls with a large and forcible impulse; the impulse, too, being in the normal locality, not the large diffuse beat of dilatation a rib or so lower than natural. Certain it is that, not uncommonly, a violent action of the heart exists where the pulse is small, and even unusually constricted. This condition is common in women. It is evident, then, that, in this condition, where even the sphygmograph may not detect an unusual action in the arteries, the heart's action must be met or neutralized by some altered condition of the arteries. In some cases, too, there is no excitement in the large arteries, showing that the arterioles are not the only part affected. In hysteria we usually see this condition: the heart is acting with evident violence against no perceptible necessity. The patient is cold, the pulse small, the arteries evidently contracted, and the state of arterial tension is followed by a free flow of limpid urine, the result of an increased pressure on the glomeruli of the kidney. This condition has met with much elucidation from experiments performed by Ludwig, Thierry, the brothers Cyon, and von Bezold. (See "Carpenter's Human Physiology," 7th ed., p. 269.) In these experiments an excited action of the heart was evoked after every nerve-communication had been severed between the heart and the organism, the heart only being attached by its vessels. Irritation then applied to the medulla oblongata induced violent action of the heart, increasing its pulsations in rapidity. When only a small portion of the nerve-supply, the accelerator nerve, was left, there was increase of power as well as of rapidity—i. e., typical palpitation.

These experiments have thrown much light on the pathogeny of nervous palpitation, and from them we can easily see how and when long continued tissue-changes will result. Thus is produced the nervous hypertrophy of writers. When, then, we find the arteries unaffected by the heart's action, it is evident that that action is met or neutralized by a condition existing in the arteries. That this condition is connected with vaso-motor changes in the calibre of the arteries and arterioles we are fast learning to see. Thus, in nervous hypertrophy we see the effects of opposition offered to the flow of blood continued for some time. In nervous palpitation we see evidence of an extra demand on the heart, and of action to meet it. In nervous palpitation we are no longer driven to imagine a tumultuous action of the heart's fibres against each other—a condition which it is not easy to imagine, much less to offer any proof of. In the uterus sometimes is seen a want

of synchronicity between the action of the different fibres, which was supposed to resemble palpitation; but even then it was merely a spasmodic action of a few fibres, not a tumultuous action of them all. If there is this antagonistic action in the fibres of the heart, it is certainly, so far as I know, unique, and foreign to the action of all other collections of fibres. In fact, there appears an inherent improbability in the possibility of its existence even; and such an explanation can only be admitted in default of any other one, and when every other known cause has been looked for and found wanting. Such an association is not associated with scrutiny, but with the want of it. I believe we will find that we can no more have a spontaneous, uncalled-for palpitation than we can have an uncalled for, spontaneous hypertrophy, though not long ago that was supposed to be a common occurrence. As hypertrophy has been found to be a compensatory change, so will palpitation be found to be merely a symptom of over-taxation, and that only.

As palpitation occurs in structurally altered hearts on exertion, so it will be found, in nervous affections (so called) of the heart, to be the evidence of the heart's struggling against some opposition offered to the flow of blood. It is scarcely credible that palpitation can be connected with what is so obviously effort in the one case, and be simply an evidence of excess of power in another case. That palpitation may be occasioned by external agents, as nicotine or white hellebore, which French soldiers used to take to stimulate heart disease, or any other agent which will disturb the nerve-balance, is as unquestionable as that it may also be relieved by other external agents. Thus, though palpitation may be allayed, and a partial palsy produced, by morphia or prussic acid, the remedies which are in most repute are diffusible stimulants, digitalis, and belladonna. Experiments on the frog have convinced me of what my clinical experience had long taught—namely, that digitalis and belladonna are really cardiac tonics—that is, they aid the ventricular contraction. They thus enable the heart to act more powerfully against the resistance offered, and in evercoming it the heart becomes quiet, regular, and normal; the quiet action or ability to act has taken the place of tumultuous effort; the ventricle can now contract without the visible effort—palpitation. That the effect of these agents is not to paralyze the heart's efforts is evident from the increased strength which is obtained by their exhibition. The relief is not due to their palsying effort, but to their aiding contraction.

Palpitation may be due to a call on the right ventricle, where the excessive action (if it were so) of the ventricle would not cause any effect in the radial pulse, or systematic arteries. But to meet the question of palpitation by attributing it to an activity of the right ventricle only, in cases where effect on the arteries may

be wanting, is simply to shirk the broad issue. We know that the symptoms of over-action and demand on the right ventricle are widely different from those of simple palpitation; and that a totally opposite series of symptoms are then presented. We can scarcely, then, attribute palpitation to an over-action of the right ventricle only. That we may have a strong action of the right ventricle evoked when there is no stress upon the left ventricle, is true; but in that case again it is effort to overcome obstruction. The fibres of the heart are, in many instances, common to both ventricles, and excited action in one cannot exist without an approximating condition of the other ventricle.

In considering the question of nervous palpitation without corresponding effect upon the arteries, we must remember that the cardiac ganglia act against the inhibitory action of the vagus, as well as against the blood-column. It is possible, then, that there may be a disturbance of the balance between them. But then there would be a long irregular systole, as is seen when the balance is disturbed by poisons. In this condition the muscular fibres can take no part, except in acting in accordance with the nerve-force brought to bear on them. But in this disturbance of the nerve-balance the action is irregular, slow, and intermitting, according as some ganglia are more or less acted upon, and bears no resemblance to palpitation. Neither does galvanizing the vagus, as done by Weber, act in a manner at all analogous to palpitation. There is arrest of contraction, with one or two powerful beats on cessation of the stimulus; but this is not palpitation.

In palpitation from dreaded loss of blood, as in uterine hæmorrhage, we have what may truly be called over-action, by a reduction in the opposition offered to the ventricular contraction; the ventricular action is not excessive, but the blood no longer offers its wonted opposition. Now, muscular action must produce results either in overcoming opposition offered, or in natural contraction of itself—i. e., spasm. When, then, in this condition the muscular fibres are less distended by influx of blood, the energy is manifested in abnormal contraction, and ends finally in confirmed systole, as occurs in animals bled to death. The heart is here firmly contracted until it is impossible to contract further, but during this time the animal has died. Muscular action cannot go on without result; and if we have an action in the muscular fibres which is not met by some opposing force, unnatural contraction, or spasm, must ensue; and if palpitation were truly over-action of the heart, it would be one of the most dangerous and fatal of conditions. The further the inquiry is pushed, the less evidence can we find in favor of palpitation being over-action of the heart: it is a laborious effort, either from increased demand on the heart, or unfitness in itself. The heart, when its integrity is impaired or it is exhausted by effort, palpitates—i. e., a laborious

evident effort takes the place of the steady normal condition. If the obstruction offered is not at first sight apparent, it is nevertheless there. Muscular action cannot be barren in results: the ventricular action must either be apparent in the arteries, be neutralized by some condition existing in them, or end in self-contraction.

Palpitation, as a temporary evidence of over-taxation, may be engrafted on chronic conditions of acknowledged failure of power. Thus, in valvular disease, or dilatation, we may have irregularity, or even intermittency, as persistent evidences of cardiac asthenia, and along with this an enfeebled general condition: that a balance has been struck by the lowering of the general condition to meet the heart's enfeebled state. On this we may have implanted palpitation on exertion, as evidencing a temporary overthrow of that balance; no pathological condition is more common in fact. If, then, palpitation were truly over-action of the heart, the sufferer ought to feel more equal to exertion during its occurrence; it ought to restore again to him that power the want of which has so crippled him. In asthenic conditions palpitation ought to be a tonic, and it ought also to occur most frequently among the robust and those accustomed to exertion;—i. e., palpitation ought to occur when the heart has not its accustomed exertion to undergo, during general quietude. Whether such is the case, or palpitation is found to occur on or after exertion in asthenic conditions, I will leave to others to decide, as it is a question of fact. My own experience has been unequivocal. As not being normal action, it must be connected with either excess or deficiency of power. As to whether it is associated I leave to our common experience. If it be allowable to anticipate and pry into the future, it may safely be predicted that in time we shall come to learn that palpitation is as surely the evidence of over-taxation of the heart's powers, as we have learnt that cardiac hypertrophy is a compensatory growth, the result of a persistent call upon the heart for augmented effort. "It must be recollected that, in every organic disease of the heart, when palpitation becomes extremely violent and prolonged, both the impulse and the sounds may be diminished: in other words, the heart becomes gorged and incapable of adequately contracting on its contents, sometimes yielding a struggling convulsive impulse, with little sound and a feeble pulse, and, in an ulterior degree, especially during dissolution, scarcely producing either impulse, sound, or pulse. Suffocative dyspnœa, lividity, and extreme distress, are always concomitant symptoms." So wrote Hope, even twenty years ago.—*London Lancet.*

LEEDS, July, 1870.

Judge Thayer's Charge in the Case of Haire vs. *Reese.*

We quote from *The Legal Intelligencer* of November 4, 1870, the following charge of Judge Thayer, in the case of *Haire* vs. *Reese*, a full account of which appeared in our last number (see page 73). It seems to us imporant that the profession at large should be made acquainted with this document, which might serve as a model, both for skill in summing up the essential facts of the case, and for the dignified tone of consideration for the medical profession which pervades it.—*Med. Times.*

WILLIAM C. HAIRE *vs.* JOHN F. REESE, M.D.

1. The implied contract of a surgeon or a physician who attends a patient is, not that he will certainly effect a cure, but that he will use all known and reasonable means to accomplish that object, and that he will attend his patient carefully and diligently. His relation to his patient implies that he possesses, and will employ in the treatment of the case, such reasonable skill and diligence as are ordinarily exercised in his profession by thoroughly educated surgeons or physicians; and, in judging of the degree of skill which he contracts to bring to the service of his patient, regard is to be had to the advanced state of the profession at the time.
2. No presumption of the absence of proper skill and attention arises from the mere fact that the patient does not recover, or that a complete cure was not effected.
3. On the part of the patient, it is his duty to conform to the necessary prescriptions and treatment, if they be such as a surgeon or physician of ordinary skill and care would adopt or sanction; and if he will not, or, under the pressure of pain, cannot, the surgeon or physician is not responsible for injury resulting therefrom.
4. When malpractice, or want of skill or proper attention, is charged against a physician or surgeon, the burthen of proving it lies upon the person who alleges it.

GENTLEMEN OF THE JURY:

The plaintiff has brought this action against the defendant, Dr. Reese, for alleged malpractice as a physician and surgeon. The grounds upon which he alleges he is entitled to sustain this action for damages are, that the defendant treated him unskillfully for his injuries, and that he did not give that diligent care and attention to his case which it was incumbent on him to extend to him, and which he had a right to expect. That is the question which you are to determine by your verdict.

The history of the case appears, from the evidence which is before you, to be this: On the 2d of February, 1869, the plaintiff, who is by trade a house-painter, was engaged in painting the outside of the House of Refuge, in this city, when the jack upon which he was standing accidentally gave way, and he was precipitated to the ground, a distance of twenty-eight feet, his body striking violently against a fence in its fall. The defendant, who is the attendant physician of the institution, was immediately sent for, and he came promptly to his assistance. As soon as he

arrived, he proceeded to take up the arteries in the head, which had been cut by the fall, and to stanch the bleeding of his wounds. When that was completed, he proceeded to examine the plaintiff's hip, in which he was suffering great pain. The plaintiff groaned with pain under the examination, and the doctor thereupon advised that he should be removed at once to his own home, where he could be better provided for, and where a more thorough examination could, with greater facility and less pain to the patient, be made. At the special request of the plaintiff he consented to attend him, and went in advance of the plaintiff to his home, in a distant part of the city, in order to prepare his family for the bad news which awaited them, and to make proper preparations for the reception of the patient. When the latter arrived, he was carried, by the doctor's directions, into the sitting-room and laid carefully upon a bed. The doctor then etherized him, in order to enable him to endure the examination to which he was about to subject him. He then proceeded to make a thorough examination of the injured parts, and, contrary to his own expectations, as he says, found, after making this critical examination, that there was neither fracture nor dislocation of the bones. After administering an anodyne to him, and directing an anodyne liniment for the hip, he left him for the night. The next day he visited him again, and made another careful examination of the hip, according to the doctor's testimony, but again found no evidences of fracture or dislocation. He prescribed liniments and anodynes, and directed him to be kept in a quiet condition. The doctor continued to visit him daily for a considerable time, making twenty-one visits in all. On the 24th of February, about three weeks after the accident, at Dr. Reese's suggestion, Dr. Agnew was called in to a consultation. He came, and made a thorough examination of the injured part. He resorted to every means known to surgery to ascertain if there had been a fracture. You will recollect the details of that examination, given to you by Dr. Agnew himself. The patient was first examined in a recumbent position. The parts were carefully manipulated and turned about; but there was no crepitation,—that is, no sound of grating of bones,—which is usually detected immediately by the practiced ear of a skilful surgeon, where a fracture has occurred. The limbs were carefully measured and compared with each other; measurements of various kinds, and in different directions, were made, to ascertain whether the injured leg had undergone any shortening. The patient was then placed in an erect posture and again examined. His leg was swung backward and forward. In short, after subjecting the limb to all the tests usually applied in such cases, Dr. Agnew, as he has testified, was convinced that there was neither fracture nor dislocation. Dr. Agnew has stated in his testimony, in view of this thorough examination to which he subjected the

plaintiff, that if there then existed a fracture it could not be discovered by any human means. Dr. Reese made his last visit to the patient on the 10th of May. For the professional service which he rendered he has never received a dollar. On or about the 6th of August following, the plaintiff called upon Dr. Agnew at his office. Dr. Agnew then observed that there had been some shortening of the leg. When asked by Dr. Agnew when that shortening had commenced, he replied that "it was after he had got up to go about on crutches." Dr. Agnew advised him to get a high-heeled shoe, and to dispense with crutches. He then went away. He rewarded Dr. Agnew for his services by bringing a suit against him also. Subsequently he went to see Dr. Gross, at the Jefferson College clinic, who prescribed an ointment for his leg; whereupon the plaintiff accused him of having poisoned him. He went also to see Dr. Duffie, who advised him to throw away his crutches and to get a high heel to his shoe. While Dr. Reese was attending him, he consulted other persons without informing him of it, and applied to his leg various nostrums which they recommended. He now charges Dr. Reese with the shortening of his leg, and seeks to make him responsible for it. You are to decide whether his charge is just and true or not.

Gentlemen of the jury, before I refer to the evidence in the cause, I will direct your attention to certain principles of law which are applicable to such investigations.

The implied contract of a surgeon or a physician who attends a patient is, not that he will certainly effect a cure, but that he will use all known and reasonable means to accomplish that object, and that he will attend his patient carefully and diligently. His relation to his patient implies that he possesses, and will employ in the treatment of the case, such reasonable skill and diligence as are ordinarily exercised in his profession by thoroughly educated surgeons or physicians; and, in judging of the degree of skill which he contracts to bring to the service of his patient, regard is to be had to the advanced state of the profession at the time. The defendant in this case was bound to use reasonable skill and diligence to effect a cure; and reasonable skill and diligence means such skill and diligence as educated and faithful surgeons or physicians ordinarily employ.

No presumption of the absence of proper skill and attention arises from the mere fact that the patient does not recover, or that a complete cure is not effected. God forbid that the law should apply any rule so rigorous and unjust as that to the relations and responsibilities arising out of this noble and humane profession! The medical man who is called to attend a patient undertakes to possess such knowledge and skill as are usually and commonly possessed by educated physicians, and to apply that skill and knowledge with all due diligence and care for the benefit and

advantage of the patient. If his performance comes up to that standard, he has discharged his duty and is not responsible for results. On the part of the patient, it is his duty to conform to the necessary prescriptions and treatment, if they be such as a surgeon or physician of ordinary skill and care would adopt or sanction; and if he will not, or, under the pressure of pain, cannot, the surgeon or physician is not responsible for injury resulting therefrom.

When malpractice, or want of skill or proper attention, is charged against a physician or surgeon, the burthen of proving it lies upon the person who alleges it. In the absence of satisfactory proof to establish such a charge, the presumption is that he was competent for the task which he undertook, and did his duty to the best of his ability. This is the rule of common sense, and the rule of law upon this subject. The burthen of proof, therefore, in this case, as in all similar cases, is upon the plaintiff. You are not to rush to conclusions detrimental to the reputation and interests of the defendant without competent proof. You are to decide the case by the evidence. You are sworn to give a true verdict according to the evidence. Your consciences must be satisfied by the evidence that the plaintiff's case is proved, before you can be justified in finding a verdict against the defendant. And I will add that it is your duty to weigh the evidence carefully, and to decide the cause according to the weight of the evidence.

Having thus pointed out the rules of law which are applicable to this inquiry, I will now proceed to make some references to the evidence which has been given, reminding you, at the same time, that you are the exclusive judges of the facts, and with you must ultimately rest the responsibility of deciding the cause.

The charge made by the plaintiff, as he has attempted to maintain it by the evidence, is that the defendant mistook the nature of his injury. He says that his thigh-bone was fractured, whereas the defendant assured him that it was not, and treated him as if it were not, the consequence of which was, as he alleges, the shortening of his leg. The proof upon which he relies to show that there was a fracture is, in the first place, the evidence of certain witnesses; and, in the second place, he says that the fracture is proved by the shortening itself. Now, it is apparent, from the testimony of all the surgeons who have been examined,—as well the plaintiff's as the defendant's witnesses,—that, in consequence of an injury such as the plaintiff received, shortening of the limb may result either from a fracture of the bone or from what is technically called *interstitial absorption*,—that is to say, the absorption of the extremity or neck of the femur, or thigh bone, a result frequently arising from a violent contusion. If you believe the leg was shortened, then it will be proper for you to inquire whether it was the result of an actual fracture, or of absorption

taking place in consequence of a contusion; because you will observe that unless there was a fracture the plaintiff's allegation of mistake or neglect on the part of the defendant in not ascertaining that fact is not made out. Let us, therefore, examine the evidence upon this point.

The plaintiff himself says, in his testimony, very positively, that the bone was fractured. Now, it is for you to say how much weight is to be given to that statement, in view of the other testimony in the case. You will consider whether he could probably determine that point with as much certainty as the surgeons who professionally examined the limb. You will consider whether his assertion upon this point is of as much value as the testimony of the surgical experts who examined him. To me it appears a question much more difficult to be decided with certainty by the patient himself than by those who, from long experience and education, are accustomed to ascertain such facts by the scientific tests which they are accustomed to resort to in order to determine it. But the value of his testimony I leave entirely to you.

The first witness he called upon this point to sustain his own assertion was Dr. John Hirst, who is a graduate of the College of Surgeons of Edinburgh. He testified that he examined the plaintiff about two years after the accident occurred. He told him that he could do nothing for him; that he had no doubt that his case had been correctly treated, from the character of the gentleman who had attended him. He casually expressed the opinion, he says, that the leg had been fractured in the neck of the thigh-bone, and he formed that opinion, he says, from the shortening of the limb. According to his testimony, he based his opinion on that circumstance and what he had heard of the history of the case; he did not measure the limb. He further said that concussion may induce disease of the articulating head of the thigh-bone, resulting in interstitial absorption; and that will occasion a shortening of the limb. He further said that he thought the shortening was owing either to fracture or interstitial absorption. As a general rule, the limb would be very soon shortened by a fracture after the injury was received, but if shortened by absorption, the shortening would come on gradually. He also said that if he examined a patient and found that there was neither crepitation, inversion of the limb, nor shortening, he could not say there had been a fracture. Dr. Hirst does not appear, by the evidence, to have examined the plaintiff by means of the usual scientific tests described by the other surgeons. He looked at it two years after the accident, and gave a casual opinion, as he himself expresses it, founded upon a comparison, by the eye, of one leg with the other, and upon what he had heard of the history of the case. That appears to have been all

the examination he gave it. It is for you to settle the weight and value of his testimony on this point.

The next witness called by the plaintiff was Moses Stevenson, who says he graduated in medicine in 1870, after studying two years. He says he examined the plaintiff's leg last winter, and believes that it had been fractured. I do not consider it worth while to dwell upon the testimony of this witness. You will recollect the exhibition which he made upon being cross-examined, saying, among other things, that "the head of the femur may be *crepitated* by absorption." In my judgment, his testimony is not worth considering, and was in the highest degree discreditable to himself. I dismiss him, therefore, without further comment.

The next witness called by the plaintiff was Dr. Joseph D. Scoles, whose testimony appeared to me to be both clear and candid. He says that he formed the opinion that the hip-bone had received an injury which occasioned the shortening of the limb; that this shortening may have been caused either by fracture or absorption, and that it is impossible for him to say which.

I have now given the substance of the whole of the plaintiff's testimony upon this subject of fracture or no fracture.

On the part of the defendant, Dr. Reese (the defendant) testified in great detail to the nature of the examination to which he had subjected the plaintiff immediately after the happening of the accident. I will not take up your time by going over it, for I am sure you will recall it. And after completing that examination, which appears, by his own statement, to have been very carefully and deliberately made, he came to the conclusion that there had been neither fracture nor dislocation.

Dr. D. H. Agnew, the distinguished Professor of Operative Surgery in the University of Pennsylvania, testified that he examined the plaintiff's limb about three weeks after the accident, and applied every test known to surgical practice to ascertain whether there had been a fracture, and was clearly of opinion that there was neither fracture nor dislocation. You will remember the description he gave you, at considerable length, of that examination, and of the various methods resorted to by him to determine the fact. He said that if there was a fracture at that time it could not be discovered by any human means. He says, moreover, after listening to the details of the treatment of the patient by Dr. Reese, that it was in all respects skilful and proper.

Dr. Gross, the eminent Professor of Surgery in Jefferson College, and a gentleman of great experience in the profession, testifies that he examined the patient at the close of a clinic, and came to the conclusion that the injury to the leg was the result of severe contusion. He further says that, if the bone had been fractured, the shortening of the limb would, beyond all question, have taken place within twelve or fifteen days after the accident. He

also corroborated, to the fullest extent, the opinion of Dr. Agnew in regard to the skilful and judicious character of the treatment given to the plaintiff by Dr. Reese.

Dr. Duffie, also called as a witness by the defendant, and having also examined the plaintiff some time since, was distinctly of opinion that it was a case of absorption of the thigh-bone, a result which, he says, no remedies known to surgery can cure.

Dr. John H. Brinton, a well-known surgeon of long and large experience, testified, after hearing at length the treatment to which the plaintiff had been subjected by the defendant, that, in his opinion, it was perfectly correct and judicious, and said he knew of no other treatment for such a case.

The testimony of Dr. R. J. Levis was to the same effect. He says that the treatment was skilful and proper.

All the surgeons who were examined agree that, if there was no fracture, the treatment was perfectly proper; and they all agree that the only evidence of fracture was the shortening of the limb, and that shortening ensues with equal uniformity from absorption —the consequence of contusion—as from fracture, the only difference being that in the former case it comes on at a much later period in the history of the case than in the latter. You have then, on the one side, the positive statement of the plaintiff and the opinion of Dr. Hirst, founded upon an examination certainly not critical in its character, made two years after the accident, and upon what he had heard about the case. You have, upon the other, the opinions of Dr. Agnew, Dr. Gross, Dr. Brinton, Dr. Duffie, Dr. Packard, Dr. Levis, and Dr. Reese, the defendant.

You have also the important fact that there is no evidence that any shortening took place for a considerable period after the accident. Dr. Agnew is positive that there was no shortening when he first examined the plaintiff about three weeks after the accident, and that he did not observe that it had taken place until the plaintiff came to his office in August, about six months after the accident.

You ought to decide the case according to the weight of the evidence. If you are of opinion that the plaintiff's leg was not fractured, I do not see that there is any evidence that the case was not properly treated by Dr. Reese. I have a right to say, and I conceive it to be my duty in this case to say, that I see no satisfactory evidence that the treatment of Dr. Reese was not, in all respects, skilful, wise, humane, and proper. But I leave all the evidence to you, and you will decide for yourselves.

If, after looking over the whole case and weighing all the evidence, and applying the rules of law regulating his responsibility, to which I referred in the commencement of my charge, you conscientiously come to the conclusion that the defendant was guilty of any negligence or want of ordinary care and diligence resulting

in injury to the plaintiff, of course you will not hesitate to say so by your verdict. But if, on the contrary, you come to the conclusion that the plaintiff's complaint is altogether unfounded, then it concerns not only the interests of the parties in the present cause, and not only the interests of public justice, but also the established medical fame of this city (a fame established by many examples of men great and distinguished in this profession, who have here lived and labored and died), that you put an end, so far as you can, to experiments, by unjustifiable lawsuits, against skilful, attentive, and humane physicians.*—*Med. Times.*

Editor's Book Table.

[NOTE.—All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN & COOKE, whose catalogue of Medical Books will be sent to any address upon request.]

Galvano-Therapeutics. The Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic and Pneumogastric Nerves. By WILLIAM B. NEFTEL, M.D. New York: D. A. Appleton & Co., 90, 92 and 94 Grand street. 1871. Pp. 191.

Dr. Neftel has had unusual opportunities for observation in the great hospitals of Europe, especially at St. Petersburg, and has devoted the greater part of his attention to the study of nervous diseases. He announces that he is now engaged in the preparation of an elaborate work in two volumes, the first being a treatise on diseases of the nervous system, and the second treating of the galvanic current in its relation to physiology, medicine and surgery. The present essay is a part of the last work, and appears now in print at the request of several aural surgeons and other professional gentlemen.

A perusal of this little book is recommended to those who desire

* It will be remembered that the jury, without leaving their box, returned a verdict for the defendant; the costs to be paid by the plaintiff.—ED.

further insight of this obscure subject, or to make practical application of electro-therapeutics.

Physics and Physiology of Spiritualism. By WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System, and Clinical Medicine, in Bellevue Hospital Medical College, etc., etc. New York: D. Appleton & Company, 1871. Pp. 86.

The basis of this monograph is an essay contributed to the North American Review in April, 1870. It has been thoroughly revised, with large additions.

The author, as is well known, belongs to the advanced school of physiologists who are not "fettered by theological and metaphysical dogmas." He recognizes mind as a force the result of nervous action. Of its several qualities, consciousness resides exclusively in the brain, but the others are developed with more or less intensity by other parts of the nervous system; and in the fact that the spinal cord and sympathetic ganglia are possessed of mental power he finds an explanation of some of the most striking phenomena of spiritualism.

Dr. H. refers to animal electricity and magnetism—gives an amusing illustration of one Dr. Von Vleck's reproduction, by sleight-of-hand, of the performances of the Davenport Brothers, and then discusses more at length natural and artificial somnambulism. In hypnotism the phenomena are not those of pure somnambulism, but include, in greater or less degree, hysteria, catalepsy and ecstacy. These conditions are then discussed and illustrated. The dangerous voluntary power possessed by some persons, of voluntarily producing hallucination of various kinds, is cited.

The alleged spiritual phenomenon of levitation, including the rising in the air of tables, chairs, musical instruments and even of the human body itself, is then examined, and both historically in witchcraft, and at the present time in spiritualism, are referred to either (or all) hallucination, legerdemain, or actual fraud.

Admitting all the assumed phenomena of "spiritualism," the author rationally concludes that "there would be no proof that spirits had anything to do with them." On the contrary, the

hypothesis of spirits is the least plausible which could be suggested. The phenomena and the explanation have nothing in common.

For ourselves, we have to say of books of this sort, that while they may help to keep people from falling into the quagmires of spiritualism, they will not extricate any of its unfortunate victims —for, "men are never reasoned out of opinions they were never reasoned into."

Specific Medication and Specific Medicines. By JOHN M. SCUDDER, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute (Cincinnati), etc., etc. Cincinnati: Wilstach, Baldwin & Co., Printers. 1870. Pp. 253.

The larger portion of this treatise has appeared in monthly articles in the *Eclectic Medical Journal*, and hence will require no introduction to the readers of that paper. The author flatly contradicts the dogma, "There are no specifics in medicine," and yet claims that his theory has "no alliance with the homœopathic specific medication." *Ait:* "I contend that a drug is a specific remedy: first, because it influences uniformly and directly the part or function diseased; and second, because it *opposes* such diseased action. I would, therefore, write the law of cure *opponens opponenda*, instead of *similia similibus.*

The author laudably lays it down as "an axiom from which it is never safe to depart, that—No medicine should be given, unless the pathological condition and the indications for its use are clearly defined. It is much better to employ a *placebo*, than run the risk of doing harm by medication." In which we pretty much agree with him.

The action and uses of four or five hundred (mainly vegetable) articles are described, as illustrative of the author's views, and the potency of specifics, particularly those which rejoice the hearts of our Eclectic (late "Botanical") fellow-citizens, are concisely written down. We confess to a latent fear that the relations of some, at least, of the number to "the pathological condition" are not "clearly defined."

The Transactions of the American Medical Association. Instituted 1847. Vol. XXI. Philadelphia: Printed for the Association. Collins, Printers, 705 Jayne street. 1870. Pp. 612.

The proceedings of the Association having been quite fully detailed in the No. of the JOURNAL for June last, need no further notice at this time. The current volume is produced in good style, unimpeachable typography, excellent paper, and the essays on Median Lithotomy, Plastic Surgery, Blood Corpuscle, and Aneurism, (the latter, especially) well illustrated.

The report of R. C. Hamill, M.D., on the Diseases of Illinois, has prefixed an outline map of Chicago, to render clear his exposition of the prevailing diseases of this city.

The next meeting of the Association, it will be recollected, is appointed at San Francisco.

A Practical and Systematic Treatise on Fractures and Dislocations. By A. JACKSON HOWE, M.D., Professor of Anatomy in the Eclectic Medical Institute. Cincinnati: Chas. F. Wilstach & Co. 1870. 8vo, pp. 424.

With good type, tolerably fair imprint, poor paper, and exceedingly crude wood cuts, the book is not particularly creditable to Cincinnati or the publishers. But its artistic merits are in harmony with the author's efforts, who, while he has produced another volume of so-called "Eclectic" medical literature, and thus fulfilled undoubtedly his purpose, has, in the field of science, achieved the same degree of success that his publishers have in their department of labor and enterprise.

Neuralgia Mixture.

℞. Quinia Sulph., two drachms; Ferri Pruss., two drachms; Fl. Extract Aconite, two drachms; Fl. Extract Gelseminum, one drachm; Neutralizing mixture, one pint; Syrupus Simplex, two pints. Mix. Dose, one teaspoonful every two hours, for twenty-four or forty-eight hours.—*Med. Indep.*

Pamphlets.

A Sketch of the Early History of Practical Anatomy. An Introductory Address by Wm. W. Keen, M.D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy, etc., etc. Published by the class. Philadelphia. 1870. Pp. 31.

In this address Dr. Keen has collected much curious and valuable information. Although Vesalius of the 16th century is the reputed father of anatomy, Herophilus and Erasistratus, 500 years before Christ, were zealous cultivators of the science of human anatomy, and are even charged with vivisections of human beings. Vesalius fled for his life on a similar charge, and lost his life by shipwreck in so doing.

Even in these days there is a vulgar idea that the profession indulge in a similar Parrhasian practice. The first public lecturer on anatomy in Alexandria, Clot Bey, 1700 years after Herophilus and Erasistratus, was stabbed with a poniard by a student when he first opened the thorax of a body. The blade slid over the ribs, and Clot Bey, perceiving that he was not seriously hurt, took a piece of plaster from his dressing-case, and, applying it to the wound, coolly observed to his class:

"We were speaking, gentlemen, of the disposition of the ribs and sternum, and I now have the opportunity of showing how a blow directed from above has so little chance of penetrating the thorax," and calmly went on with his lecture.

Fancy Prof. R. so situated.

The first dissections of modern times were made at Bologna, two centuries before Vesalius—but the custom soon fell into neglect. The first Monro says that in his student-days early in the last century his Scotch anatomy was limited to seeing the human body dissected once in two or three years. In the time of Sir Wm. Hunter, at the *end* of the same century, practical anatomy was unknown to the mass of the profession until he established his celebrated Great Windmill School.

As lately as 1866, Prof. Struthers, of Aberdeen, wrote: "Less

than a generation ago, it was not an uncommon thing to find medical practitioners who had never dissected."

According to Dr. Keen's personal experience even now the majority of our students do not dissect the human body more than once. The slow progress of the practice, the legal restrictions and penalties, popular prejudices and resulting poverty of material and ingenious devices to procure it, are detailed, showing that human nature is much of the same pattern in all ages and countries. Hunter procured the body of the Irish giant, O'Brien, (whose skeleton, eight feet and four inches, is now in the Hunterian Museum) by bribing its guards, to the tune of £500, to permit him to steal it. Everybody has heard of Burke and his atrocities, which from that time even till now have caused the hairs of many a "loafer" to stand on end, but few are aware of the fact that this case led to a gradual improvement in the laws relative to the *subject*, until at last there is a remote approximation to justice and common sense in practice.

Not the least interesting portion of the address is that part which is devoted to the methods of preparing anatomical specimens, general and minute injections, preserving, embalming, etc., but space will not permit further notice at the present time. The lecturer has given us a very readable production, which we have no doubt his class fully appreciated.

Annual Report of the Surgeon-General U. S. Army. 1870.

This gives the annual statistics of the department. A few items will be of general interest:

"While the rate of mortality from wounds and injuries among the *colored troops* agrees with that among the white, their rate of mortality from disease is nearly double."

171 legs, 112 arms, 6 feet, and 12 apparatus, were furnished during the year.

The whole of the manuscript for the surgical volume of the first part of the Medical and Surgical History of the War, authorized by the Act of Congress, March 3, 1869, is now prepared, and a large amount of other valuable matter for the second volume of the Medical part is nearly printed.

A large and uniform increase of the collections in the Army

Medical Museum is reported. There are now 13,502 catalogued specimens. Great success has been attained in the microscopical section in the direction of photomicrography. The collection of crania includes 897 specimens, with 34 skeletons.

A liberal system of interchange of specimens with American and foreign institutions has been successfully organized.

There were 17,669 visitors registered during the year.

There are two vacancies as surgeons and 46 assistant surgeons; this has required the employment of contract surgeons, but it is thought better to have the vacancies filled.

In an accompanying pamphlet we find a series of extracts from letters, reviews and bibliographical notices of the publications of the Surgeon-General's office, all of which unite in expressions of high commendation of what has been done and is now being accomplished in this department.

We take especial pleasure in saying that in our opinion the work in progress, specimens of which have been from time to time made public, is one in itself of the very highest national importance, and which reflects the greatest credit upon the profession so ably represented by Surgeon-General Barnes and his excellent corps of assistants.

We repeat our former earnest hope, that no ill-timed and perverted ideas of contraction of expenditure, may prevent full and prompt publication of the inestimably valuable matter prepared and in course of preparation.

Transactions of the New Hampshire Medical Society (Eighteenth Anniversary.) Held at Concord, June 21 and 22, 1870.

This venerable Society still shows evidences of vigorous vitality. Several valuable papers are reported, among which we notice an interesting Medical History of New Hampshire, by A. B. Crosby, M.D.

We have marked several passages from this volume for reproduction in the JOURNAL.

Non-Professional Exchanges.

The Scientific American

Grows upon our affections constantly. We had the general idea, previously to being its regular readers, that it would be of little interest save to inventors and manufacturers. Belonging to neither of these classes, nevertheless we find but few articles in its crowded columns and large space that do not interest us. It is the first paper picked up, and the last one laid down by patients waiting in the office. It is, briefly, exactly what it purports to be, "A Weekly Journal of Practical Information, Art, Science, Mechanics, Chemistry and Manufactures," profusely illustrated, and published by Munn & Co., 37 Park Row, New York.

The American Chemist.

A Monthly Journal of Theoretical, Analytical and Technical Chemistry. Edited by Chas. F. Chandler, Ph. D., and W. H. Chandler. Published by William Baldwin & Co., 434 Broome street, New York.

We have inadvertently omitted to announce this paper, which the enterprising proprietors now publish as an original journal in lieu of reprinting, as heretofore, an English copy.

Whoever would keep pace with the beautiful science of chemistry in all its departments, can find in this journal just what he wants. Each No. contains forty pages or more of reading matter in quarto form, with "cut leaves." $5 a year; 50 cents single No.; specimen copies 35 cents.

Harper's New Monthly Magazine

Enters upon its Forty-Second Volume with the January No. of 1871. Its table of contents is, if possible, unusually rich, and its illustrations profuse and of high artistic excellence. Personally, we think Harper's the best, as it most assuredly is the most readable of the magazines. Useful information is adroitly commingled with fiction and fun, so that the most dissipated reader *will* get some of the former, *nolens volens.*

The Magazine alone, $4 a year. The same each for the Weekly and Bazar. Either two $7, or the three $10. Draft or P. O. Order to Harper & Brothers, New York.

College Courant—Yale.

Charles C. Chatfield & Co, New Haven, Conn.; $4 a year. The *Courant* fully sustains the character we gave it last year. It is ably edited, and ranks among its contributors names of the highest distinction. The associations of college life are those which we last of all could "willingly let die." Wherever your *Alma Mater*, "Yale" is nevertheless no remote relative, and the *Courant* keeps itself and its readers well posted in the collegiate and general educational affairs and news of the country.

The American Builder—

A Journal of Art—Charles D. Lakey, Editor; Stanley Waterloo, Associate. $3 per annum; single copies 25 cents. The No. (for December) of this first class and now thoroughly established monthly exhibits, if possible, continued improvement. It is brimful of excellent matter pertaining to architecture, art, insurance and miscellany.

The subscription price also entitles each subscriber to a copy of the celebrated steel line engraving, size 24×32 inches, of Washington Irving. The editor owns the original plate, and copies cannot otherwise be procured. Any of our subscribers contemplating building, would find it greatly to their advantage to read this valuable publication, so that they can with some confidence speak of "what they know about building."

Editorial.

January, 1871.

With this No. commences the *Twenty-Eighth* Annual Volume of this MEDICAL JOURNAL.

In looking over its files, we are proud to discover that although its editorial conduct has from time to time been committed to various hands, it has ever been ranged on the side of high-toned, legitimate medicine, has ever sustained that policy deemed best for its advancement, has condemned and attacked the little, the mean and the sordid, under whatever guise they have tried to come under the wing of the profession—it has ever been ready to recognize true progress and discovery, whilst maintaining that staunch conservatism which, previous to reception, compels innovation to prove itself reform.

Under its present management, the JOURNAL will remain independent of all trammels, of all cliques, private interests or narrow views. It will remain the exponent of the free and enlightened opinions of the profession, to whom its pages will ever be freely open for the discussion and development of the truths of medical science.

Good faith in correspondents, and honorable candor in controversy, will ensure the largest liberty in the use of our columns.

We have no pet notions to foster, or beloved dogmas to disseminate, and had rather, by far, expose ourselves to the charge of inconsistency, than to labor with those who attempt to barricade the advance of modern science by piling up the wrecks and *debris* of the exploded "systems" of olden time.

Exact observation, careful experiment, acute perception, sound judgment—these are what are needed by each individual physician, and then let the Medical Journal make the results, by publication, common property. As yet the material is somewhat chaotic, but the architects and master-builders will, in the not distant future, afford us a temple of Æsculapius, sufficiently approximate to completion to reward the zealous labors of the workmen.

To our contemporaries in journalism, we extend thanks for the valuable "scissorings" they have afforded us in the past; to our correspondents we acknowledge indebtedness for their contributions; to our subscribers we express obligations for their generous support; to our Publishers, Messrs. W. B. KEEN & COOKE, we are grateful for the elegant dress they have given the JOURNAL, for the promptness of its issue, and the invariable courtesy which has characterized their personal association.

To each and all, we heartily tender the best wishes inspired by the advent of the NEW YEAR.

Board of Health.

It is to be hoped that the legislature about to convene at Springfield will reduce the present cumbrous machinery of this institution to a degree of simplicity consistent with a direct, speedy and economical performance of its work. Amidst all of the wheels within wheels (or rings within rings) which constitute what is called the city government, there is probably not one which turns so slowly, with so much friction, consuming so much and generating so little power, and carrying so much dead wood, as this same Board of Health.

A central power to which shall be entrusted the preservation of public health, is essential in every city, but pre-eminently so in Chicago, whose peculiarities of situation, soil, climate and population, render her so especially liable to disease, both endemic and epidemic.

The movement which initiated the idea of a Board of Health for this city was good, as were likewise the plans originally submitted to the legislature for the organization of the department, and had intermeddlers withheld their clumsy fingers from attempts to reform (deform?) it, we should have had at this time, in all probability, an efficient health department, which would have been creditable to its originators, beneficial to the city, acceptable to citizens, and an aid to science, instead of one which is the negative to all these characteristics, and indeed seems to subserve no other purpose than to provide employment for a certain number of very worthy citizens, and to enable one enterprising gentleman (the scavenger) to fatten hogs.

The largest single item of expenditure is that paid to one individual for hauling food to his own pigs, for which purpose householders are required, under penalty, for neglect, to ornament their sidewalks with pails of garbage until such time as it may be convenient to the contractor to gather it.

It is not to be denied that the Board of Health has accomplished some good, for it would be difficult for thirty or forty individuals supposed to be devoted to the attainment of some end, to fail utterly in effecting something, even though infinitessimal. But that it has fulfilled a reasonable proportion of the expectations of its friends and the public, let the public odium, for which it has exchanged its original prestige and popularity, answer.

Passing over its failure as a civic institution, and considering its relations to science, as an accumulator of vital statistics, we ask for data, it furnishes "reports;" for facts, it supplies "opinions;" dissertations on civil engineering by authorities who don't know a transit from a theodolite, and upon hygiene from others ignorant of the relative values of ozone and sulphuretted hydrogen.

The Health Department comprises sufficient ability, energy and honesty (to say nothing of other qualifications) to produce valuable results, if properly utilized, but the radical defects in the system are such that it would seem impossible to evolve order out of chaos without essential changes in the organic law, for which the legislature alone is competent. W. H.

Malt Extract

Is the text of a dissertation by the associate editor of the Pharmacist, upon one of the "*Scientific Specialties*" of this prolific era, in which he takes occasion to denounce the deception practiced in the sale, under the above fascinating title of "Lager Beer" (and very poor lager too), at "only six times its retail price." Mr. Ebert's Teutonic antecedents constitute him a better judge of his national beverage than we can pretend to be "*hinc illæ lachrymæ*" who, in our ignorance, pronounced the article when presented for our inspection, very bad lager. Who the "most eminent medical authorities in Europe and this country" may be, who agree that this new tonic is the best *dietetic* and *healing remedy* known to modern science, we are not informed, and think it not unlikely that there might be found those who, mistaking *notoriety* for *eminence*, would be willing to purchase the former by the barter of their (good?) names therefor. To those interested in malt extracts, we commend Mr. Ebert's article as containing about all that is worth knowing thereanent; and in discussing that portion of the subject we must take occasion to thank him for the straightforward rebuke administered to those physicians by whose aid, through their signatures to certificates and prescriptions, these nostrum-vendors are sustained. Nor is it to "malt extracts" alone that we refer, but to the whole category of "elixirs," "syrups," "medicated wines, etc.," simple and compound, which are unofficinal and also unreliable. In fact, nothing more nor less than the old curse of patent medicine under a new dress, the threadbare garment of respectability through whose "looped and windowed raggedness" the spectre of quackery is revealed.

With all due courtesy we ask the medical gentlemen, some of whom we could name if required, who specially designate in their prescriptions, the "elixir" or "syrups," etc., of some particular manufacturer, what guarantee they have of the genuineness of the article, the fidelity in preparation, or even, sometimes, acquaintance with its *reputed* formula? They must certainly admit the charge of inconsistency, in that, while careful to avoid patronizing or recommending pharmacists of doubtful repute, they prescribe preparations of whose character their only certificate is the label of a manufacturer personally unknown, backed by the

eloquence of the elegant drummer who "*would be pleased to leave a sample box of our preparations*" in your office, and who as a nuisance is only exceeded by the individual, male or female, who is "soliciting subscriptions for an illustrated life of" the Lord knows who. Moreover, the prescription or recommendation to patients of these nostrums, amounts virtually to an abandonment, on the part of the physician, of his own claims to superior skill in diagnosis and judgment in the application of remedies, and a concession thereof to the manufacturing druggist.

Gentlemen, be consistent, make your own formulæ, use remedial agents whose effects you understand, or else include in your category of therapeutical authorities, Helmbold, Radway, Mrs. Winslow, and the rest, and specify in your prescriptions, Ext. of Buchu, as well as Elixir Phosphate, Iron, Quinine and Strychnia, Ready Relief and R. R. R., along with Syrup Chloral Hydrate, and Soothing Syrup with Elixir Valerianate of Ammonia, Indian Cholagogue with Ferro-Phosphorated Elixir of Calisaya Bark, and so *ad infinitum;* and, while earnest students are endeavoring to accumulate reliable data upon which to construct a true science of therapeutics (if that be possible), do not thus encourage in your own minds the growth of empiricism, and foster in others gross quackery. W. H.

Alumni Meeting.

The Alumni of Rush Medical College will bear in mind, that their next annual meeting occurs on the day of the ensuing Commencement Exercises of the College, Wednesday, Feb. 1st., ult. The hour of meeting is 10 A. M., and the place, the lower lecture room of the college. The annual address will be delivered by the President, ABNER HARD, M.D., of Aurora. Business of great importance is to be brought before the Society.

Rush Medical College—Spring Course of Instruction.

Announcement of the usual Spring Course of Instruction will be made soon.

Medical Items, News, and Gossip.

Occasional bad effects of Chloral are being chronicled. A fatal case occurred recently at Guy's Hospital. Dr. Habershon commenting on it, said that it confirmed his opinion that Chloral, through its action on the pneumogastric nerve, tended to produce bronchial and pulmonary congestion. When there is any marked predisposition to paralysis, its use is apparently hazardous.——The *Med. Record* has an account of that rare form of disease, hydrocele in the female. The case was at first mistaken for inguinal hernia. The tumor gained the size of a turkey's egg. The contents of the sac were evacuated, and tincture of iodine injected, with complete cure.——It is recorded that continued external use of Carbolic Acid endangers nephritis, unless care is exercised. The urine often assumes a dark, almost tarry, appearance, with slight traces of albumen, but no blood. The dark appearance is supposed to be due to some of the oxidized products of the acid. The facts observed suggest careful observation of the urine when Carbolic Acid is used, either externally or internally.——The Boston City Hospital reports fair success in the treatment of old recurring ulcers, by transplantation of the skin.——A recent analysis of the water of the Nile shows it to be rich enough in saline matters to equal a first class magnetic spring. Incidentally from the same paper we learn that the Nile carries into the Mediterranean 55,000,000,000 tons of water each year, which certainly should make the neighborhood of that sea an excellent watering place.——At the present writing, the position of Admiral, vacated by the death of the lamented Farragut, has not been filled by the Porter who has borne so much evil and humiliation to the medical staff of the navy. Professionally we recommend our naval brethren not to advise Porter for "those who go down to the sea in ships" of war. It is singularly productive of flatulency.——Massachusetts declines hereafter to send delegates to the Am. Med. Association.——Surgeon Woodward, of the Surgeon General's staff, after carefully repeating many of Cohnheim's experiments, gives the opinion that Cohnheim was a conscientious observer, who had described as faithfully as possible the impressions made

upon him.——A writer in the *British Medical Journal* is confident that fever germs are especially liable to be conveyed in *milk*. The contagion of scarlatina and the origin of enteric fever, he thinks, often bear the explanation of milk poisoning, as this fluid, from the oil particles it contains, is powerfully absorbent. It rapidly acquires odoriferous principles to which it is exposed.—— Dr. Hale, of Ky., reports in the *Practitioner* a case of cure of trismus nascentium under Calomel alone. The child was six days old. Two grains of Calomel were given every two hours until the bowels were freely moved, and then repeated every eight hours. ——Warm water injections are highly recommended by Prof. Albansee, in the radical cure of hydrocele.——The best test for the purity of Hydrate of Chloral, is said (*Med. Reporter*) to be a concentrated solution of potash. The pure hydrate does not color this at all, or only a feeble yellow, and gives forth the pure smell of Chloroform. If a brown color, and the smell of Chloro-acetic Acid, or other pungent gases, be developed, the article is impure and unfit for use.——*Lusus Naturæ.* A man (?) calling himself a physician (probably the "retired," "whose sands of life had nearly run out"), is now soliciting the alms of the charitable in this city, basing his claims upon his ill health occasioned by "prolapsus uteri." Can he be the brother of the woman who sometime since was pronounced by a Chicago "physician" to have "disease of the prostate gland"?——Dr. C. B. Taylor, of New York, sues Andrew Campbell for a fee of $125 for curing his son of some difficulty not stated. The parent is recalcitrant because the Doctor brought about recovery by some other method—not employing the "Swedish Movement Cure," as defendant states he agreed to do. The *Reporter* makes no comment.——Seventy-four thousand doctors in the United States—an increase of two thousand a year since 1860. The *Reporter* thinks the American people are mulcted in $100,000,000 a year for sickness, and this without computing the quack medicines sold and swallowed—at least $25,000,000 more.——The really fair looking occupant of a chair in one of the medical colleges of this city, has been most atrociously caricatured by a lithograph in one of the advertising periodicals—called (*lucus a non lucendo*) "The Arts." It is understood that the worthy victim declines to prosecute, because in a

biographical sketch, given in the same paper, he is spoken of in complimentary terms, and the writer, with admirable *naivete*, characterizes the lithograph as a good likeness, etc., etc. We tender the usual condolence.——From all accounts, the treatment of the sick and wounded in the present European war compares very unfavorably with that which was received by the same class during the recent "unpleasantness" in this country. Much complaint is made by those non-combatants willing to extend assistance, at the unfeeling, not to say brutal, manner in which their efforts are met, and the wanton waste and misapplication of supplies contributed for the relief of the unfortunate sick. Our private information coincides, fully, with what has occasionally been published on this topic by the secular press.

Loot.

Dangers of Chloral.

Dr. R. C. Shettle, physician to the Royal Berkshire Hospital, in the course of an address before the Pathological Society of Reading, after referring to Dr. Richardson's statement that under the influence of chloral formiate of soda is formed, and the coagulating power of the blood is much diminished, adds that "it is very evident that not only is passive hæmorrhage from an open vessel favored by the administration of chloral, but from the tendency which exists from the continuous administration of the drug to produce decomposition of the blood, a small loss of blood would be very possibly followed by serious symptoms. Moreover, it can scarcely be a question that the tolerance of the drug is much greater in some individuals than in others; and possibly the same person at different times might bear its administration very differently." If these views be correct, much caution would seem to be called for in using chloral in midwifery cases.—*Med. Gazette.*

White India Rubber.

White India Rubber, as used in nursing-bottles for infants, contains an active poisonous ingredient, causing sore mouth, eruption, and even death in some cases; its sale is, on this account, prohibited by law in some European countries.

Improved Test for Grape Sugar.

Fehling's test fluid, it is well known, is not very permanent, spoiling even in diffused daylight. Lowe recommends the following modification of it, which is equally sensitive, and very stable: Sixteen grammes of pure sulphate of vitriol are dissolved in 64 grammes of water. To this solution 80 cubic centimetres of soda lye, having a specific gravity of 1·34, are added at a time, avoiding any elevation of temperature, until 112 grammes have been mixed; then from 6 to 8 grammes of pure officinal glycerine are poured in till the fluid assumes a beautiful azure blue color. *Lancet.*

Infallibility.

Geo. M. Hambright, a correspondent of the *Pharmaceutist*, is "down on" the M.Ds. in an article from which we scissor this, with the single deprecatory remark, that, perhaps, in many of the instances given, the apparent errors were due to bad chirography rather than sheer ignorance. Meanwhile, brethren, mind your Ps and Qs:

"The 'infallibility of M.Ds.' does not only exist in the practice of the healing art, but also in that which is next in importance to a correct diagnosis, viz.: *prescribing*. Scarcely any detailed remarks need be made on this point, to prove how wofully deficient the lower class of M.Ds. are in this very important particular. Prescriptions that are daily filled in this city and surroundings would be more fitting *fac-similes of the exhumed hieroglyphics from the Egyptian catacombs* than an order for physic, in this enlightened age, not to make mention of the incompatibles heaped together as the *healing balm*, in terms and language that indicate that the schoolmaster is not always at home among the M.Ds. who move in aristocratic circles.

"As a rule, intelligence and science center in the large cities, and if the appended specimen-productions of the medical men of this focus are taken as paradigms of learning, what is the intellectual condition of the M.Ds. in the by-places of the State?

"The first example will be found on every nine out of ten prescriptions, where the useful article is ordered.

Aqua *d*ístil.	Pulv*o* Si*e*dlitz.	Sac*k* Lactis
Pulv. Ip*i*cac:	Tr. Cardo*m*an.	Plum: Carbo.
By Carb. Potass.	Oleum *Tilgi*.	Sulph: *Æ*ather.
Tr. Val*i*rian.	*Podiphiline*,	Ol*i*um Lini
Chl*orate* Potass:	Compt. Cath. Pillula, etc.	

"To this list may be added *aqua fluvialis*, which is frequently

prescribed by the A 1 M.Ds. in this city; surely a very disgusting medication, when '*the purity of the Chicago river*' is taken into consideration. This article is probably prescribed by some M.Ds. because they suppose it to be one of the healing remedies of the Materia Medica; and, conceding it to possess medical properties, it *may*, *possibly*, bear, in this respect, a strong resemblance to "*aqua mirabile*," with which very few M.Ds. are acquainted.

"As specimen products of second-class philomathes in medicine, allusion will be made to—

Bal: Cop*eve*.	Nitric *Æither*.	*Colodien*—
Tr. Jal*op*.	Pul: *Ep*icac,	Lup*o*lin.
Sulphatum Ferri.	Junipe*ro* Spir*a*tus.	
D*iet*. Act: Plumb.	Tr. Clor*h*ide Ferri.	

"Presuming to specify third-rate M.Ds.' productions, there will be found—

1 *ons Boulson* K. P*v*	*Syr. Senneca Sneke root.*
1 " *Nither*	*Poder: Kubeabs*
¼ " T*urpentin*	B*iconbonat Soder.*

"And the doctor who wrote for Isinglass Plaster, which he returned in person, with the statement, 'that he wanted plaster with some body, thick and strong,' and, on being shown the roll of *adhesive plaster*, hurriedly exchanged *the compliment of his recipe* for that article, and left.

"As *finis* to this class the following model is given:

RECIPE—Senega	oz. i.	
Syrup Scilla	"	
Morphia	"	Mix.

Dose—teaspoonful 4 to 6 hours.

"All the above examples of 'Infallibility of M.Ds.' are taken from a small file, and when compared with those of larger growth the *magnitude of error* is decidedly appalling, and speaks volumes in favor of a better training of the men of medicine, in the art which they practice."

Croup and Cubebs.

Of eight cases of angina treated with cubebs, seven recovered and one died. Thirty-four cases of croup were treated with this drug; thirteen recovered — three without tracheotomy, and ten after the operation had been performed. In twenty of the unsuccessful cases, tracheotomy was resorted to. The patients were from sixteen months to nine years old. Only six were seen in the beginning of the second stage; all these were saved. In twenty-seven cases, the operation was performed immediately after entering. Cubebs was given after the operation apparently with better effect than before.—*Gazette des Hopitaux and Ind. Jour. of Medicine.*

Belladonna in the Treatment of Typhoid Fever.

Dr. B. Kelley, of Dublin, recommends very highly the use of belladonna in treating enteric fever. He does not prescribe it until the prominent symptoms are fully developed. If the patient be an adult, his dose is from twenty to twenty-five drops of the officinal tincture of the British Pharmacopœia every four hours, but must be varied to suit ages and constitutions. He says, "It completely changes the whole character and outward manifestation of the disease. Delirium, coma and subsultus quickly vanish, and are succeeded by calmness and clearness of intellect, by natural sleep, and complete control of all the voluntary muscles. Diarrhœa is checked, and healthy, consistent evacuations are established." He gives its most remarkable power as seen in the suddenness with which patients recover their intellectual faculties, and the full control of the muscles. In stopping its use, it is necessary to do so gradually, to prevent serious consequences. All stimulants he interdicts, in every form and shape, while the patient is under the treatment of belladonna. Care must also be exercised that the patient does not get around too soon, which they are very much inclined to do while under its magical influence, and thus occasion a relapse.—*Med. Indep.*

Epidemic Diphtheria and its Treatment.

According to reports from the state of Ibraila, the epidemic of diphtheritic angina which raged in that town sixteen months ago produced 700 deaths up to the 15th of December last, of whom 298 were men and 402 women. In a population of 30,000, the gravity of the epidemic may be estimated. Perchloride of iron, given conjointly with tonics, seemed to be most efficacious, and cauterization with a concentrated solution of nitrate of silver was found very useful when the pseudo-membranous exudation was localized.—*Med. Press and Circular.*

Impotence consequent on Onanism cured by Electro-Magnetism.

Dr. Finstein, of Ulm, reports a case of this in a man aged 26, who, from the age of 15 to 18, was addicted to onanism, which he relinquished after the latter period by the advice of a companion. At the age of 23 he found himself unable to have an erection. Various remedies were tried in vain, and at last electro-magnetism with the apparatus of Erdman was resorted to, and after fifty-two applications, made twice daily, continued from 10 to 30 minutes, his powers were restored.—*Révue de Thérapeutique*, Sept., 1870.—*Med. News.*

Illustrations of Quackery.

Every week brings to California some new phase of charlatanism, proclaimed through the newspapers. The last comer announces himself as "Director of the Homœopathic Healing Institute." He has established "specific healing baths," which produce, to use his own lucid language, "A galvanic magnetic fluidum, which can be impregnated with specific healing powers, in order to communicate the same to the vital forces of the organism. The constant influx of this healing fluidum annihilates the dynamical powers of all disease, causes and animates the organic activities so thoroughly, that all disturbances are equalized, all foreign matter expelled through beneficial perspiration, and all parts of the organism brought back to the normal state of health. How beneficial this new healing method is, may be seen from the fact, that all spinal complaints, paralysis, and deformities, also the hip diseases of children, are cured by it. It eases the pains immediately, and cures the quickest female diseases that originate in loss or corruption of sap," and so forth. We think he hit the mark in the last line. Most of his patients will be troubled with "loss or corruption of sap."—*Pacific Med. and Surg. Jour.*

Mortality of Foundlings.

Dr. C. R. Drysdale states (Brit. Med. Jour., Oct. 22, 1870): "In Paris, in 1865, of 4,887 children abandoned younger than one year, 1,516 died under the care of the Foundling Hospital. In fact, the mortality of Parisian children is excessive, since that city loses 39 per cent. of all its children under one year of age annually. There is an immensity of illegitimacy in Paris, which accounts for this great mortality. Society, naturally, cannot expect the mother of an illegitimate child to take much care of it, since it makes it almost impossible for an unmarried woman to get a living for herself, if burdened by an infant. Thus, in a private letter to myself from Dr. Leon Lefort, in June last, he informs me that more than one in four of the births in Paris are illegitimate. In some of the foundling hospitals in France as many as 90 per cent. of the infants confided to their care have died in less than a year. Our foundling hospital in Guilford street, is, of course, like many other London charities, a job; and even Mr. Acton was not able to find out whose children got into that favored spot.

Treatment of Diarrhœa in Children.

M. Heller recommends the nitrate of bismuth, in doses of half a drachm to one drachm, in the diarrhœa of infants. At the outset this may be repeated every hour till the looseness of the bowels ceases, which usually happens within twenty-four hours. No ill consequences ever result from its employment.—*Deutches Archiv. f. klin. Med. Band.*

Treatment of Cancrum Oris.

Dr. W. S. Edgar, of St. Louis, invites attention (St. Louis Med. and Surg. Journal, Sept. 1870) to the prophylactic treatment as all important in this disease. When small points of ulceration are discovered on the gums and inner surface of the lips and cheeks, and the face or gums begin to swell, and the mucous membrane becomes puffy and shining around the ulcers, the danger is imminent, and the patient should at once be put on nutritious diet, tonics, and change of air when practicable. Among the ferruginous preparations the liquor ferri iodidi is preferred in these cases and it should be given, particularly in malarial regions, alternately with the citrate of iron and quinia. The local treatment is no less important. Thorough cleansing of the ulcers and mouth twice a a day with the nebulizer, using a weak solution of the chloride of sodium or chlorate of potassa; also the permanganate of potassa to correct the offensive odor of the mouth and stimulate healthy granulation. If any escharotic is indicated, a strong solution of sulphate of copper, xxx grs. to the ounce of water, or paste of permanganate of potassa is preferred to the mineral acids, as less painful and less likely to extend beyond the point desired.—*Med. News.*

The Local Treatment of Phthisis Pulmonalis and Diphtheritis by Carbolic Acid.

Dr. Rothie recommends: Acid carbol. crystal; spirit vini., aa. gr. xv to xxx; aq. distilled, dr. i; tincture of iodine, gr. xv; s. 10 to 20 drops, with one ounce of water, to be inhaled. Of six cases of consumption [caused by pneumonia, tubercles, bronchitis] success ensued four times. In diphtheria the following solution for washing and gargling was found: Acid carbol. crys.; spirit vini., aa. gr. xv; aq. distilled, dr. i; tinc. iodine, gr. vii.—*Memorabil.—Indiana Jour.*

Means of Distinguishing Real from Apparent Death.

Dr. Laborde communicated to the French Academy of Medicine (July 26, 1870) an interesting memoir on some of the physical phenomena of life, and on their application to distinguishing real from apparent death. He states that if a polished steel needle be inserted to a sufficient depth into the muscles of an apparently dead subject, and allowed to remain, in generally a short time it loses its polish and becomes oxidized; whilst this oxidation does not occur when the needle is introduced into a dead subject, if the needle be allowed to remain even as long as an hour. This absence of oxidation, with concomitant phenomena, is, according to Dr. L., a constant sign of real death.—*L' Union Medicale.*

Carbolic Acid Preparation.

Mr. T. A. Redwin, in a paper read before the British Pharmaceutical Conference, gives the following as advisable proportions in the use of carbolic acid:

As a rule, it is better to dissolve the crystallized carbolic acid (Calvert's) in the proportions of one part by weight of the acid to six of glycerine (carbolate of glycerine.) In this state it can be diluted equally indefinitely.

In general, a dose of carbolic acid is 1 grain in an ounce of water.

As a gargle, 1 or 2 grains to an ounce of water.

As an injection, 1 grain to 4 ounces of water.

As a lotion, 15 grains to an ounce of water.

As an ointment, 30 grains to an ounce of benzoated lard.

As a liniment, 1 grain to 20 of olive oil.

As a plaster, 1 part of carbolic acid to 3 of shellac.

The crystallized carbolic acid to be used as a caustic.

The carbolate of glycerine, as above, should be used in 1 or 2 drop doses.

Antiseptic oil for abscesses, 1 part of acid to 4 of boiled linseed oil.

Antiseptic putty, 6 spoonsful of the antiseptic oil mixed with common whiting.

Aqueous solution of carbolic acid is 1 part of acid to 40 of water (1 ounce of acid to a quart of hot water well agitated and filtered.)

Sick rooms, to disinfect, place a portion of the dissolved acid in a porcelain dish, and float it in a large vessel of hot water.

Disinfecting purposes generally, 1 pound of *crystals* to 6 galls. of water. *Fluid*, 1 part to 80 of water. *Powder*, 1 ounce of crystals with 4 pounds of slaked lime.

For drains, take 1 pound of the fluid carbolic acid to 5 gallons of warm water.

Toothache is often cured with one drop of carbolate of glycerine; and diarrhœa arrested in half an hour with 2 drops.

In all cases of parasitic life it is advisable to commence with very dilute carbolate of glycerine.—*Chemist and Druggist.*

Treatment of Phthisis with Arsenic Acid.

The dose must be very small, gradually increasing, and occasionally suspended; the treatment is prophylactic. The first 10 days, .016 of a grain daily; the second 10 days, one or two tablespoonsful of cod liver oil daily; the third 10 days no medicine; then as before. This treatment is to be continued from November to May; besides, the diet must be rich and well regulated.—*Abeille Medicale.—Indiana Jour.*

Chloral in Puerperal Convulsions.

Baron Paul von Sergdewitz, of Basle, communicated to the Obstetrical Society of London a case of violent convulsions in a woman suffering from endocarditis subsequent to delivery, in which chloral at once arrested the fits, after various other remedies had been used in vain.—*British Medical Journal.*

Dr. Milne has also used chloral with success in a case of puerperal convulsions. "The case," he says, "was a purely psychical one, due to the shock of a sudden loud and unexpected sound, and therefore well fitted to test the powers of the medicine, these cases being deemed rather obstinate. On the other hand, there was no albuminuria, and the absence of this complication lessened, in some degree, the seriousness of the case, and increased its amenableness to remedies. The benefit I obtained from the chloral was considerable, although not sufficient, in my estimation, to send one into ecstacies, or impress one with the belief that a novel cure had been brought before us, of unexampled power."—*Edinburgh Medical Journal*, May, 1870.

Dr. X., of Bapaume, communicated to the Imperial Surgical Society (March 23, 1870,) through M. Demarquay, a very interesting case of puerperal eclampsia in a primipara. The convulsions came on during labor, and continued after delivery. All the ordinary remedies having failed to afford relief, chloral was had recourse to, in increasing doses, commencing with four grammes. When the dose reached six grammes, the patient fell into a deep and quiet sleep, which continued for twelve hours. After awakening she had slight attacks, which were relieved by chloral, and complete recovery ensued.—*L' Union Med.*

Cure for Toothache.

Dr. Henry T. Reynolds, of Baltimore, writes to us that "for eighteen months I have been using acetate of lead as a remedy for what Burns calls 'the hell of all diseases'—toothache. I find it to act better than any of the numerous remedies proposed in the books, and in cases in which it is applicable the relief is instantaneous. Let the patient apply from one to three grains to the cavity for a moment or two, then spit it out. It fails in fewer cases than any remedy that I have tried—not more than eight per cent.—*Med. News.*

Gastric Douche.

An apparatus for applying the douche to the stomach is described by Dr. Ploss, of Leipsic. It is indicated in chronic gastric catarrh, poisoning, pyloric stricture, and pyrosis. It has a double channel, but resembles the nasal douche in principle.

Soil and Disease.

At the present meeting of the British Association in Liverpool, Dr. Moffatt, of Hawarden, has read an interesting paper on "Geological Systems and Endemic Diseases," showing that the soil has an influence on the composition of the cereal plants grown upon it, and on the diseases to which the inhabitants are subject. The district in which he practices consists geologically of the carboniferous and new red sandstone or Cheshire sandstone systems. Anæmia with goitre is prevalent amongst those living on the carboniferous systems, whilst it is almost unknown amongst those living on the new red sandstone system; and consumption is also more prevalent amongst the inhabitants of the former. Dr. M. has found by analysis that the wheat grown on the soil of the Cheshire sandstone contains the largest quantity of ash, and that there is a larger quantity of phosphoric acid and of oxide of iron in it than in the soils of the carboniferous and millstone grit systems. He has calculated that each inhabitant on the Cheshire sandstone, if he consumes a pound of wheat daily, takes in nearly five grains per day of the sesquioxide of iron more than the inhabitant of the carboniferous system, who seems, therefore, to be subject to anæmia in consequence of the deficiency of iron and phosphoric acid in his food. It is not only in the wheat grown upon the carboniferous system that there is a deficiency in the quantity of oxide of iron and the phosphates, according to Dr. Moffatt, but also in the blood of the animals reared upon it. He stated that sheep were liable to anæmia, which he attributed to sheep-walks being upon trap and limestone hills, in the soil of which there is but little, if any, iron.—*British Med. Jour.*

Medicated Cigarettes.

The cigarettes of Cannabis Indica, made by Gremault, of Paris, have been found most efficient in the treatment of affections of the organs of respiration and circulation, no less than in affections of the central and peripheral nervous system. The unpleasant effects which so often follow the internal and subcutaneous use of opium and of Cannabis Indica, are not produced by the cigarette. Their use is recommended (1) in spinal neuroses, chorea, and epilepsy; (2) in neurosis of the sensory nerves, neuralgia of the teeth, branches of the fifth pair, the sciatic nerves; (3) neuroses of the motor nerves, spasm of the throat air passages; (4) affections of the sympathetic nerves, hysteria, and other diseases not attended with plethora, and congestion of the head, heart, or lungs. They are especially useful in asthma, pertussis, spasm of the stomach and intestinal canal, nervous palpitation of the heart, and exert a quieting influence over the whole nervous system.—*Allgemeine Med. Zeit.—Med. Bulletin.*

Embrocation for Inflammation of Breasts.

℞ Fluid Extract of Aconite, - - One half ounce;
" " Phytolacca, - One ounce;
Iodide Potassium, - - - One drachm;
Warm Water, - - - One pint.
Wet linen compresses, and apply constantly.

No application with which I am acquainted will so surely prevent tumors of the mammæ from taking on the suppuration process. Even if suppuration have taken place, it resolves the indurations and relieves pain.—*Med. Bulletin.*

The Pool of Siloam.

The miraculous efficacy of the Pool of Siloam, as recorded in the Scriptures, is familiar to us all, but its modern condition appears as fraught with danger as was its ancient with the power of healing. Speaking of a fatal case of enteric fever, the surgeon of H.M.S. *Endymion*, Dr. Alex. Fisher, says:—

"I attribute the origin of this case to the use of the water at Jerusalem, and consider ourselves fortunate in having escaped with only one case of enteric fever among the seventy-two persons visiting it. Without the walls of Jerusalem the water appears to be very good, but inside it is received into vast tanks and reservoirs beneath the Harem area, and elsewhere. These, from what I saw in the excavations recently executed by the Palestine Exploration Society, are entirely without protection from receiving a large proportion of the sewage of the city, in some cases without even the slightest filtration through earth, or other obstacle. At the Fountain of Siloam, and Pool of Siloam, the water distinctly tasted like soap-suds, brought down by the water from the baths, &c., close to the Temple enclosure."—*Lancet.*

Treatment of Chronic Constipation.

The Rev. David Bell, M.D., of Yorkshire, England, urges the advisability of combining tonics with aperients in cases of irregular and slow action of the intestinal canal, and states that he has for many years found the following prescription uniformly efficacious in overcoming habitual constipation:

℞. Aloes Socotrin., Ext. Hyosciami, - - - āā gr. xii;
Quinin. Disulph. - - - - - - - - - gr. vi;
Ferri Sulph. - - - - - - - - - gr. iv;
M. bene et fiat massa in pilulas xii æquales dividenda.

One of these pills, taken in the afternoon from four to six o'clock, will cause a formed natural motion the next morning, without pain. The proportion of aloes may in some cases be reduced, to assimilate its action to that of nature. Its supposed influence in causing or aggravating hæmorrhoids has not been found by the author in the use of the above combination.—*Med. Gazette.*

Treatment of Syphilitic Swellings.

Prof. Sigmund recommends punctures by an exploring trocar, or by a Pravaz's syringe. The puncture must be performed once or twice a day, followed by an injection of linseed oil with carbolic acid, or by a compress bandage. After the puncture the pus can also be evacuated by slight pressure. In regard to the general treatment, the author mentions the hypodermic injection of chloride of silver. The solution contains four grains to an ounce of water. At first, 12 drops are injected twice a day. The groin and the infra-clavicular region should not be chosen as sites for injection. The cure is rapid, but not sure. In suppurating buboes, S. applies a solution of carbolic acid one part, with linseed oil four parts and lime 32 parts, after Lister. It is useless in periadenitis. It requires the same length of time as any other method, but in cases of large cavities it manifests its good effects by diminishing the secretion and bringing up healthy granulations. —*Bericht d Wiener Krankenhauser.—Indiana Jour.*

Employment of Phosphorus in Psoriasis.

Of late, several experiments with phosphorus have been made in the various hospitals of Paris. It has been tried in some cases to which it had not until now been applied. Amongst others, we may just mention the employment of phosphide of zinc in locomotor ataxy and phosphorus in psoriasis. This last trial is due to Prof. Hardy, the well-known dermatologist. M. Hardy had previously employed the substance in similar cases, and had renounced its use; but during the last few months he has resumed his researches. There are now five patients in his wards—three female and two male—subjected to this mode of treatment. One of the female patients, aged sixteen, and affected with general psoriasis, has taken every day since Dec. 16th a teaspoonful of the following compound—oil, 150 grammes; phosphorus, 10 centigrammes; and has been rubbed every night with a pomade composed of—hog's lard, 100 grammes; phosphorus, 1 gramme. Under the influence of this treatment the scales have completely disappeared. No unusual symptom has been observed.—*Lancet.*

Effect of Medicines on Temperature.

Mr. F. J. Mavor, in a note to the *Lancet*, asserts, as the result of numerous experiments, that atropine, morphine, strychnine, opium, belladonna, digitalis, chloral hydrate, nitric and muriatic acids, nitrate and carbonate of potassa, ammonia, sulphate of magnesia, iron, and aloes, all raise the temperature both in health and disease. If so, it would perhaps be well to overhaul our list of antiphlogistics for further experimentation.

Lithotomy.

Mr. Holmes Coote says (*Lancet*, May 21st, 1870) that "lithotomy, properly perfo rmed, is not in itself so serious an operation as some authors hav e made it. The last twenty-two cases performed at St. Bartho lomew's Hospital have been without exception successful. I n unfortunately fatal cases the cause of death is not hæmorrhage, or very rarely so. I cannot rccall a case of death from hæmorrhage at St. Bartholomew's Hospital, during the whole period that I have been attached to that institution. Neither is extravasation of urine a common cause of death with good operators. But when the kidneys have become diseased, the patient's power of recovery seems wonderfully diminished, and inflammation of the peritoneum is an event which the surgeon justly holds in dread."

Croup and Lactic Acid.

Dr. A. Weber states that since he commenced using lactic acid in croup, he has had no need to operate, and has not lost a case. Every half hour from fifteen to twenty drops of the acid to half an ounce of water are to be inhaled through an apparatus for that purpose. After the dyspnœa has been diminished, the dose is to be lessened to five drops every hour.

The Lady Doctor.

Yesterday I went to the ball,
I'll tell you now the issue,
Dancing is healthy for us all,
(It renovates the tissue).

My partner for the first quadrille
Spoke soft of "lovers' perjury;"
I'd never heard of that disease
In all the range of surgery.

He swore that he was mad with love,
In accents quite theatrical;
I hailed him as an object fit
For studies psychiatrical.

He swore his heart was breaking fast;
I begg'd he'd try a blister,
But said that broken hearts to set
Would puzzle e'en a Lister!

He said that he should pine away,
In accents melancholic;
I recommended 'gainst decay,
The acid called carbolic.

He left me, but consoled himself
With soda and with sherry—
He knew, no doubt, the first alone
Is deleterious, very.

The next with whom I danced had such
A well developed head, sir,
I wished that, as a legacy,
He'd leave it me when dead, sir.

'Tis true he couldn't waltz—indeed,
He floundered like a grampus—
But then his brains!—I'm sure he had
A monstrous hippocampus!

A student medical was he,
A man of humor comical;
O how he'd laugh when'er he made
A *bon mot* anatomical!

And so we left the dance and band,
I'm sure you'll own we'd gumption;
The galop sole of which we spoke
Was galloping consumption.

The waltzers at the *trois temps* danc'd
As they'd go on forever—
The only *trois temps* we thought on
Was tertiary fever.

But here I'll pause; I'll only add,
To gratify my tutors,
I practiced for anatomy
By "cutting up" my suitors.

—*Eclectic Journal.*

Obituary—H. F. Chesbrough, M.D.

Henry Freyer, second son of Ellis Sylvester and Elizabeth Ann Chesbrough, natives of Maryland, was born in Totness, Orangeburg District, S. C., Sept. 19, 1840. His father was at the time Engineer of the Louisville, Cincinnati and Charleston R. R., of which he remained in charge until its completion to Columbia, S. C. In 1842 the parents of Henry removed to the North, and in 1844 his father resumed the practice of his profession in Massachusetts and other New England States. The son received his primary school instruction in Stoughton and West Newton, Mass. He passed through one of the Grammar schools of Boston, and afterwards attended the Latin school of that city for three years, when in Jan., 1856, he went with his mother and brother to Chicago, his father having accepted professional employment there the year before. There Henry, (or Hal, as he was familiarly called by intimate friends,) passed through the High School, being the second to graduate in that institution. He then entered Yale in the class of '63, but owing to the asthma, with which he was quite early afflicted, the climate of New Haven could not be endured by him, and the faculty strongly urged him to enter Beloit College, Wis., which he did, and graduated in 1863. He then studied medicine, and received a diploma from Rush Medical College in 1865, and immediately entered the army as Ass't Surg. in the 153d Ill. Vols.

July 8, 1865, Dr. Chesbrough married Miss Mary H. Goodall of Beloit, Wis. In September his regiment was disbanded, and he went very soon after to New York, where he spent the season in attending medical lectures and visiting the principal hospitals of that city.

In June, 1866, he was appointed Surgeon of the Peninsular Division of the Northwestern R. R., and removed to Escanaba.

In Feb'y, 1868, he returned to Chicago, and commenced the practice of medicine in this city.

In May, 1858, the subject of this memoir became a member of the New England Congregational Church of Chicago, with which he remained connected until his death, which occurred Dec. 8, 1870. He leaves, besides his widow, one son, three years old.

Dr. Chesbrough has been known to the readers of this Journal by his well written clinical reports. His connection with the Dispensary department of Rush Medical College has been characterized by such assiduous attention, zeal and practical success, as alone to render his comparatively sudden removal by death, a loss deeply to be deplored by his coadjutors and the large number of patients to whom he had rendered himself both respected and beloved by his many noble qualities of head and heart. As a gentleman of refined manners, ripe education and culture, with a capacity and inclination for minute and careful study, and at the same time for grasping the broadest and most comprehensive ideas of Medicine as a

science, we have rarely met his equal at his age. Alway urbane and courteous in his deportment, his bearing was but the exponent of his native kindliness and amiability of disposition.

Few men of his years had so truly achieved real success—not perhaps in pecuniary accumulation, extensive practice or general repute—but in laying broad and deep the sure foundation of future eminence.

His last illness which from the very commencement was attended with extreme suffering except while he was under the influence of narcotics, was borne with the most uncomplaining patience, and he met its finale with the firmness and resolution of a man and a Christian.

As a friend and professional associate we shall ever cherish his memory, whilst we extend to the immediate circle of afflicted relatives our most earnest sympathy.

[Through the kindness of CHAS. T. PARKES, M.D., we are enabled to give the subjoined notes.—ED.]

Post mortem examination of the body of Dr. H. F. Chesbrough, twelve hours after death. Made section of the abdomen only. Found the abdomen moderately distended; the peritoneal cavity containing a quantity of shreddy lymph; the usual evidences of general peritonitis were well marked. Found considerable congestion of the omental and intestinal vessels; the surface of the omentum, mesentery, and intestines were covered with quite a number of large patches of lymph; the under surface of the diaphragm was covered with a continuous layer of thick lymph; the intestinal walls were greatly discolored, and in places gangrenous disorganization had taken place; an attempt to lift up a fold of them would lead to a tear through the entire walls. No obstruction, perforation or intussusception was found. The other contents of the abdomen were apparently perfectly healthy.

The officers and attendants of the North Chicago Charity Dispensary met in the Library Rooms of the Rush Medical College, Dec. 10, 1870, and adopted the following resolutions:

Whereas, We have been called to mourn the death of Dr. HENRY F. CHESBROUGH, Secretary of the North Chicago Charity Dispensary—

Resolved, That we have lost a faithful friend and helper.

Resolved, That the Dispensary has sustained the loss of a devoted and efficient officer.

Resolved, That we tender our heartfelt sympathy to the bereaved family.

Resolved, That these resolutions be sent to the CHICAGO MEDICAL JOURNAL and the city papers for publication.

Dec. 20, 1870. CURTIS T. FENN, *Sec. pro tem.*